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THROUGH THE YORUBA LENS: A POSTCOLONIAL DISCOURSE OF FEMALE  
CIRCUMCISION

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A Thesis

Presented to

the Faculty of Arts and Humanities

University of Denver

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In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

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by

Jennifer Quichocho

June 2018

Advisor: Richard Clemmer-Smith

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Author: Jennifer Quichocho  
Title: THROUGH THE YORUBA LENS: A POSTCOLONIAL DISCOURSE OF  
FEMALE CIRCUMCISION  
Advisor: Richard Clemmer-Smith  
Degree Date: June 2018

### **Abstract**

Despite the Western media attention and the critique of female circumcision in sub-Saharan Africa, few studies consider the local populations' traditions, values, and ideologies. *Through the Yoruba Lens: A Postcolonial Discourse of Female Circumcision* investigates female circumcision practices from a philosophical, Yoruba traditionalist perspective. African philosophy and religion provides an ideological foundation and helps reveal the postcolonial and feminist theoretical framework that continues the academic debate. Framed by LeCompte and Schensul's notion that "ethnography emphasized discovery; it does not assume answers" (2010: 33), my research draws from literature reviews, quantitative data, and interviews. I will present and investigate three hypotheses regarding the impacts of modernity and culture. Being of Yoruba, Nigerian ancestry I am in an ideal position to both, understand the emic perspective as well as contribute to the etic conversation. Empathy and cultural relativism are vital tools in understanding ancient practices and taboos.

## **Acknowledgements**

I would like to acknowledge Professor Olademo and Professor Oladosu who assisted me in finding my informants in the field, without them my research would have never gotten done. I would like to thank Professor Richard Clemmer-Smith for all your assistance and guidance through the thesis creation process. I would also like to thank my husband Antoine and daughter Sade for all your love and support.

Wakanda Forever!

## Table of Contents

Chapter One: Introduction .....	1
Introduction to Topic .....	2
Project: Female Circumcision Practices among the Yoruba.....	4
Chapter Two: Historical Background .....	8
Location: Historical Anthropological Research in Nigeria .....	10
Female Circumcision/Cutting and Genital Mutilation.....	13
Statistics and Female Circumcision in Nigeria .....	21
Previous Research on Female Circumcision.....	23
Medical Background .....	25
Female Circumcision, Modern Voices .....	27
Conclusion .....	31
Chapter Three: Theoretical Background- Introduction to Chapter.....	33
African Philosophy .....	34
Feminist and Postcolonial Discourse .....	38
Modernity and Habitus .....	48
The Postcolonial Subaltern .....	55
Conclusion .....	57
Chapter Four: Methods and Analysis - Introduction .....	59
Project Design: Methodology .....	61
Scope/Limitations .....	62
Fieldwork: Methods, Ethics, and Theory.....	65
Where Does the Data Come From? .....	59
Introduction of Factors.....	78
Ifa and Circumcision.....	80
Christianity and Islam .....	88
Education .....	90
Modernity.....	93
Other Factors- Ethnicity, Location, Family .....	94
Chapter Five: Summary-Dynamics of Female Circumcision .....	100
Implications.....	102
Conclusion .....	105
References .....	107
Appendix A.....	118
Appendix B .....	120

## List of Figures

Figure 1: Language Groups Map of Nigeria.....	2
Figure 2: Prevalence of Female Genital Cutting.....	8
Figure 3: Map courtesy of Afrol News .....	14
Figure 4: Where Does FGM Happen? .....	15
Figure 5: FGM in Africa .....	15
Figure 6: Article “Circumcision for Women” .....	29
Figure 7: Photo taken in Ilorin, Nigeria. ....	34
Figure 8: Oya the Yoruba Orisha (Goddess) of Wind, Fire and Lightning .....	36
Figure 9: University of Ilorin.....	66
Figure 10: Truck with "The Work of God" written on the side.....	80
Figure 11: University of Ilorin campus Mosque .....	88

## **List of Tables**

Table 1: “In most countries where FGM/C is practised, the majority of girls and women think it should end.” .....	17
Table 2: “In most of the 29 countries where FGM/C is concentrated, the practice is less common among adolescent girls than middle-aged women” .....	19
Table 3: UNICEF DATA.....	20
Table 4: Prevalence of Female Circumcision in Nigeria.....	71
Table 5: WHO Pie Chart Representing Yoruba vs Non-Yoruba Circumcision Participation in Nigeria.....	72
Table 6: Demographic of the 400 Ilorin female participants of study .....	74
Table 7: Pie chart illustrating Lawrence’s data.....	76
Table 8: Chi Squared Test.....	77



## **CHAPTER ONE: INTRODUCTION**

### *Through the Yoruba Lens: A Postcolonial Discourse of Female Circumcision*

investigates the concept and social role of female circumcision from a Yoruba philosophical and religious lens. Religion and culture are indivisible in African societies; therefore, it is crucial to analyze female circumcision from an ideological point of view rather than from a functional and structural perspective only. Being of Nigerian and Yoruba ancestry, I am in an ideal position to inquire about traditional values as perceived by Nigerians. Equally, I can combine the indigenous perspective with an anthropological lens to analyze the symbolic value of female circumcision, as well as the philosophic system of values in which they are perceived.

Through qualitative and quantitative research, I examine female circumcision from a philosophical, religious Yoruba traditionalist perspective. I question the understanding of the issue itself. My analysis of the contradicting etic (outsider) and emic (insider) data argue for questioning what exactly is known about who practices female circumcision. The lack of accuracy questions the reality of female circumcision practices and the extent of its occurrence.



Figure 1: Source: Perry-Castañeda Library Map Collection

## Introduction to Topic: Female Circumcision

Female circumcision/cutting, also known as Female Genital Mutilation (FGM), is the removal of the female genitalia (whether partially or fully; WHO 2012). According to the World Health Organization:

Procedures are mostly carried out on young girls sometime between infancy and age 15, and occasionally on adult women. About 140 million girls and women worldwide are living with the consequences of FGM. In Africa, about 92 million girls, age 10 years and above are estimated to have undergone FGM. (WHO 2012).

Female circumcision is an ancient practice that has been historically documented throughout the world over many centuries.

FGM has been depicted in the West as a form of male domination and a means of controlling women's mind, body and very existence. I recall a mid-1990s Oprah Winfrey show episode, where I first heard about Female Genital Mutilation (FGM). Oprah interviewed circumcised women from Somalia, Egypt, and Ethiopia, where infibulation (the most extreme form of circumcision) is practiced. FGM was depicted as a form of

male domination and a means of controlling women's mind, body and very existence. In shock, I sought additional information and watched Soraya Mire's award-winning documentary *Fire Eyes*, which was promoted on the Oprah Winfrey Show. Mire (1994) describes her personal experience of being circumcised and shows footage of women being infibulated and sewn up.

I proceeded to look for other forms of media that discussed female circumcision using an African perspective. I stumbled across the novel *Possessing the Secrets of Joy* (1992) written by acclaimed author Alice Walker, who also wrote *The Color Purple*. In *Possessing the Secrets of Joy*, Walker writes a fictional story of Tashi an African American who goes to Africa and chooses to become circumcised as a gesture of Pan-African solidarity with the indigenous women. She returns to America as an emotional and physical wreck, incapable of any form of rationality. Following *Possessing the Secrets of Joy*, Alice Walker subsequently co-wrote *Warrior Marks: Female Genital Mutilation and the Sexual Blinding of Women*, (Walker and Pratibha 1993) a non-fiction perspective on female circumcision. In *Warrior Marks* Walker and Pratibha proposed that Western feminists have to save African women from circumcision, because they are oblivious of their oppression.

The universal portrayal of female circumcision in Western media is of helplessness, giving African women no agency. The representation of female circumcision in Western media lumps all forms of it with the extremely rare practice of infibulation, which is the sewing of genitalia to preserve virginity (Topping 2014; Dorkenoo 2013). The common themes in relation to cultural context in the media include: horrible mothers, barbaric fathers, and a savage primitive culture. Infibulation is shown

as the general practice of all female circumcision in the media, but in reality accounts for less than 1% (WHO 2014) of those who practice any form of female circumcision. These Western depictions sparked my interest in the topic of female genital mutilation.

In academic circles, female circumcision has been documented extensively from a functionalist, medical, and feminist perspective (Leonard 2000:169). Functionalists view female circumcision as having a role in society; physicians divulge the medical complications of the practice; and feminists attribute FGM to patriarchy. Cultural relativism has been major argument for female circumcision practices. My research highlights the discourse between the emic and etic on the topic of female circumcision. My thesis reveals the need to question just what is known, as against what is believed, about female circumcision practices.

### **Project: Female Circumcision Practices among the Yoruba**

The nature of this project is to present qualitative and quantitative research, investigating female circumcision from a philosophical, religious Yoruba traditionalist perspective.

The Yoruba, numbering over 20 million, are the second largest language group in Nigeria and one of the most populous and better-known African ethnic groups. They occupy southwestern Nigeria, and can be found elsewhere – in the Republic of Benin and Togo in West Africa.... The Yoruba are divided into many sub-ethnic groups, each with its own peculiar dialect. A sub-group comprises of many villages and towns or cities... There is a great deal of diversity in Yoruba social organizations and settlements. Nevertheless, there is also a significant uniformity among various cultural and social institutions. (Falola 1999: 1-2)

The Yoruba are known for having a dynamic, diverse, and distinct culture.

My fieldwork was conducted from June 2014 to August 2014 in cities of Ilorin and Ife (Nigeria). My methods include: literature review, quantitative data, and in-depth interviews. The foundation of my research is embedded in African philosophy, which is loosely defined as: a philosophy produced by people of African descent (regardless of content), philosophy that focuses on African issues, and/or stems from African traditional belief systems and practices (Janz 2012: 74). Every aspect of Yoruba culture is entrenched in philosophy (systems of thought), tradition, and folklore. Understanding the cultural norms, I can appropriately inquire about female circumcision and traditional values as perceived by Nigerian women.

I chose to study the Yoruba in Nigeria because that my father is Yoruba and from Yorubaland. The Yoruba is the highest populated group to practice female circumcision; statistics say up to 55% of Yorubas practice it (Nigeria 2014). When I read the statistics I was completely shocked. I have never heard of female circumcision as a child, and I traveled back and forth to Nigeria throughout my life. Yet I have never heard of it in Nigeria or from my family. So after learning these statistics I wanted to understand why? Why do Yoruba people practice it? What is the meaning or logic behind female circumcision practices among the Yoruba? These questions will further be discussed in Chapter 2.

In conducting my research, I used Oy  w  m   and Spivak for my methodology to show the complexities and dynamics of female circumcision from a postcolonial perspective. Oy  w  m   argues that the concept of gender is a Western construct and not the appropriate apparatus to understand most African societies (1997).

Gender was not an organizing principle in Yoruba society prior to colonization by the West. The social categories ‘men’ and ‘women’ were nonexistent, and hence no gender system was in place. Rather, the primary principle of social organization was seniority, defined by relative age (Oyěwùmí 1997:31).

Her argument that gender is a Western social construction and not based in biology will lay the foundation to my emic, postcolonial theoretical framework. African philosophy provides an ideological foundation of my research. I will further discuss Oyěwùmí’s argument that gender is a Western construct, critically evaluate Spivak's assertion about giving voice to unrepresented populations, argue for the need for African philosophy in the theoretical background chapter; and critically assess just what "modernity" is in the context of "African philosophy".

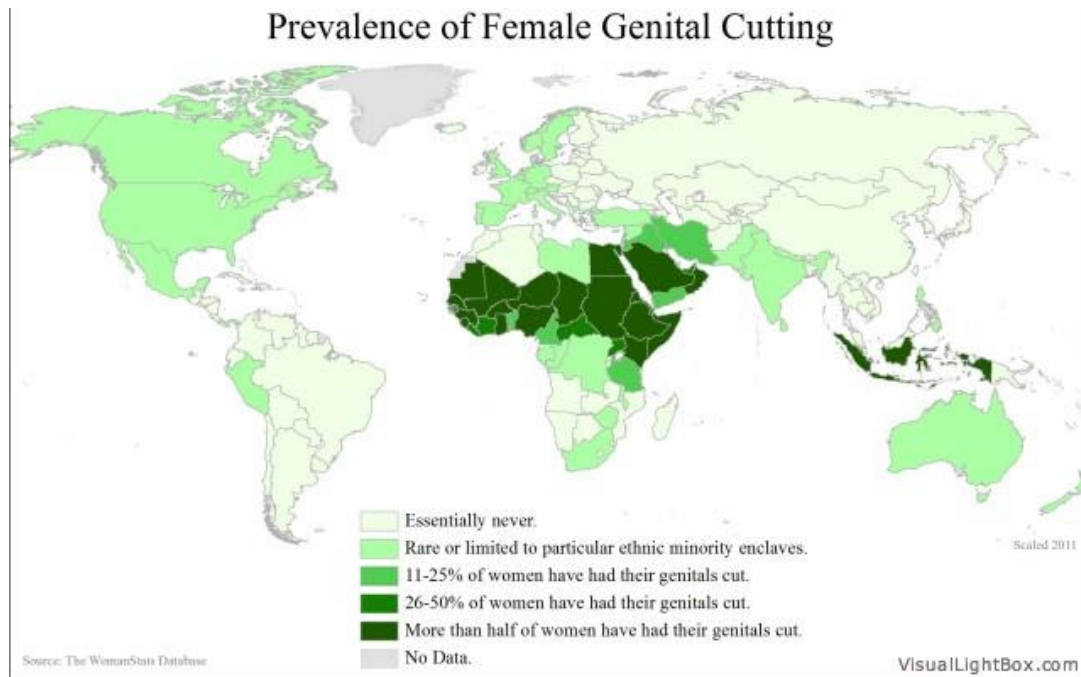
For my methods, I used LeCompte and Schensul’s (2010) book, *Designing and Conducting Ethnographic Research*. LeCompte and Schensul’s book provided me with the anthropological tools needed to navigate through fieldwork, and develop working hypotheses. My hypotheses are:

- **Hypothesis 1:** Educated Yoruba women are more likely to practice female circumcision than uneducated women because of cultural pressures that bind families to traditional practices, such as the fear that their daughter will be unmarriageable.
- **Hypothesis 2:** Modernity is the driving factor influencing whether or not women undertake circumcision for their daughters.
- **Hypothesis 3:** Social pressures for conformity constitute the primary factor keeping female circumcision practices alive.

I developed these working hypotheses, from both initial background research and doing fieldwork. The logic for these hypotheses will become clear as Chapter Two unfolds; refer to the statistics on pages 17 and 19 to better understand the etic data provided by UNICEF. I will further discuss these hypotheses in Chapter 4: Methods and Analysis.

Female circumcision is an ancient ritual embedded in tradition and intertwined in philosophy and religion, modernity, and social norms. In order to address female circumcision it is necessary to understanding the cultural and philosophical values attributed to it. This research could provide a cultural framework to the topic of female circumcision practices among the Yoruba, as well as offer development workers an alternative strategic methodology. In the background chapter, I will explore how Western academics have addressed female circumcision.

## CHAPTER TWO: HISTORICAL BACKGROUND



**Figure 2: Prevalence of Female Genital Cutting**

### Introduction to Chapter

This chapter provides historical background of the research topic, female circumcision among the Yoruba. In order to understand the need for an emic postcolonial analysis of female circumcision in Nigeria, historical context is imperative. This chapter will provide the historical academic dialogue of female circumcision and anthropological research in Nigeria.

First, I will discuss the relevance of the location. Instead of doing research in a location (such as Egypt) that practices the most extreme versions of female circumcision,



I chose to conduct my research in Nigeria, a country where moderate forms of female circumcision are practiced. I will further discuss why I chose Nigeria in my methods/analysis chapter. In this chapter, I will present the anthropological research that was conducted in Nigeria. Why and how did anthropologists do research in Nigeria, and what did they conduct their research on? Exploring the anthropological studies that have historically taken place in Nigeria will provide an academic foundation in which I can add to the scholarship.

After presenting historical anthropological research conducted in Nigeria, I will discuss the classification of ‘female genital mutilation’, how academics and the medical community (physicians) have written about the topic, and why there is a need to further explore it. In order to further academic discourse, I must acknowledge what has been written about female circumcision, what rhetoric was used to talk about it, and why the conversation needs to be continued. The historic background will establish how female circumcision has been written about and will allow me to introduce the need for my topic.

After discussing historical academic research and the need for further research of female circumcision, I will present the modern academic perspectives and analysis of these practices. The modern voice will show a shift in academic language and perspectives on the practice of female circumcision. Through the modern voice, I will present how my research is necessary and relevant in the current conversation of circumcision and genital mutilation; giving a postcolonial emic voice to the topic. The understanding of history and culture is required when unraveling multidimensional issues.

### **Location: Historical Anthropological Research in Nigeria**

Pre-colonial anthropology in Nigeria, as well as the rest of the African continent, was conducted in two methods: descriptive ethnography and theoretical/speculative research (Jones 1974). Descriptive ethnographies initially were explorers and geographers; later, they were used as a guide for business/commercial travelers and colonial administrators. Theoretical/speculative anthropological research, conducted primarily by political scientists and philosophers, focused on: evolution, religion, social and political organization, and human behavior (Jones 1974:280). The methods in which cultural data was obtained in past, will provide a historical understanding of academic research in Nigeria, which may affect my own research and fieldwork. For instance, if anthropologists have been associated with colonial administrations and never established a positive rapport with Nigerian people, then my personal research could be essentially affected since I am affiliated with the history of classical ethnographers. But, my research was not affected by such a history. Instead, I was just viewed as a Nigerian-American student.

Classical ethnographies in Nigeria conducted by Paul Bohannan (1954), Abner Cohen (1969), and William Schwab (1955) gave cultural reports of indigenous peoples. Paul Bohannan's ethnographic research was conducted among the Tiv of northern Nigeria. He extensively documented Tiv language, culture and customs. He wrote about male circumcision among the Tiv as an anomaly ritual among Africans (1954:6), although it is practiced around the world. Bohannan states, "the rite [of circumcision] has not the communal significance which it has in some other tribes, nor are any initiation

ceremonies practiced in connection with it” (1954: 2). Circumcision is symbolically connected to male status in the fact that uncircumcised Tiv are not considered fully a ‘man’ (Bohannan 1954: 2). Bohannan’s description shifted male circumcision from a widespread practice inclusive of the West to a bizarre ritual. Both male and female circumcision practices take on various characteristics, depending on the cultural frame it is positioned in. The practice is as heterogeneous as the cultures’ themselves.

Abner Cohen was another anthropologist who wrote extensively about Nigeria. Being trained under Max Gluckman (1949), he was a symbolist and was particularly interested in micro-histories. For instance, one of Cohen’s publications unveiled the economic and cultural realities of Hausa migrants and their integration into Yoruba majority towns (1969). Ethnographer William Schwab was more of a traditional anthropologist, in the fact that he was interested in kinship among the Yoruba. Schwab’s work revolved around Yoruba kinship, lineage, and marriage. Paul Bohannan, Abner Cohen, and William Schwab were among the early anthropologist who wrote comprehensively on Nigerian ethnic groups. Their work encompassed ethnic specific research, symbolic anthropology, and an analysis of kinship. These anthropologists, along with others in their time period, documented detailed accounts of Nigerian communities, people and rituals. Anthropological narrative provided the West with stories of the ‘unknown’, presenting the exotic, the different, the peculiar. Western anthropologists positioned themselves in their research as outsiders in Nigeria, they were documenting oddities. It is necessary to acknowledge previous Western (outsider)

anthropological research that was conducted in Nigeria to show the need for an African (insider) perspective.

Westerners were not the only anthropologists conducting research in Nigeria. Nigerians, trained both in Nigeria and the West, were also doing anthropology in their country. Nigerian ethnographers Angulu Onwuejeogwu (1980), Ikenna Nzimiro (1962), and Victor Uchendu (1965) presented an internal anthropological perspective. Onwuejeogwu was a social anthropologist that published various works on African history, linguistics, archaeology, and material culture. Onwuejeogwu showcased Nri-Igbo history, culture, and belief systems. He used the Nri-Igbo Empire to demonstrate how Africans had history, civilization and hegemonic power; Africans had empires and were conquerors.

Marxist anthropologist and iconoclast Ikenna Nzimiro research focused on neocolonialism, ethnic conflict, and the Biafra War. Nzimiro was an anti-colonial freedom fighter and radical nationalist; he avidly worked towards the independence of Nigeria. He had an extensive career that lasted 50 years. Nzimiro is considered a hero in modern day Nigerian society. Unlike Nzimiro, Victor Uchendu took a less radical approach to his writing and to colonialism. Uchendu provides an insider view to Igbo culture and post-colonial Nigeria. Angulu Onwuejeogwu, Ikenna Nzimiro, and Victor Uchendu were amongst the earliest Nigerian anthropologists to present an indigenous voice to their own history and culture. Different from their western counterparts that were also doing anthropology in Nigeria, Nigerian anthropologist focused more on discrediting stereotypes and combatting the hegemonic academic standard. They had a more

revolutionary mission then those who wanted to document the ‘other’. Nigerian anthropologists wanted to show that Nigerians had history, a dynamic culture, and are not that different from people in the West.

Historically, ethnographers in Nigeria and the West have written about Nigeria from a cultural case-study, material cultural, and political perspective. They did not address the ideological importance of traditional rituals, and did not address the cultural practice of female circumcision. Scholars are currently working to fill in academic gaps; my research will provide additional data to contribute to both Nigerian and Western anthropological literature.

### **Female Circumcision/Cutting and Genital Mutilation**

In this section, the academic discourse of female circumcision will be analyzed. First I will discuss the basic questions about the history of female circumcision. What exactly is considered female circumcision, how has it been historically practiced and how significant is the practice today? After answering those questions which will provide general history, I will analyze the dialogue amongst anthropologists and other academics regarding female circumcision practices and genital mutilation. Finally, I will analyze contemporary female circumcision debates amongst academics. Western scholars have extensively written about female circumcision practices and continue to keep the topic a pressing issue. Analyzing the history and academic dialogue that has and continues to take place will show how my research on female circumcision amongst the Yoruba is timely and pertinent.

What is the origin of female circumcision? Although female circumcision is associated with Islam, since it is practiced in predominately Muslim countries, female circumcision practices predates

Islam (Rouzi 2013). Female circumcision/cutting, Female Genital Mutilation (FGM), is an ancient practice that has been historically documented throughout the world over many centuries and has been discovered among ancient Egyptian mummies (Hosken 1982).

Greek historians, geographers and

other scholars have documented FGM in Egypt. For example, it was written about by:

Herodotus in the mid-fifth century B.C, Strabo, in 25 B.C., and the British Museum holds a Greek papyrus dated 163 B.C. that describes the operations performed (Hosken 1982).

Infibulation, which is the most extreme version and is considered ‘genital mutilation’,

also has been documented in historical records. The Romans used infibulation to prevent

their slaves from having sexual intercourse and bearing children, making them more

economically valuable at the slave (Kouba and Muasher 1985:96). Although there are

numerous historical documentations of female circumcision, the origin of the practice remains unknown.

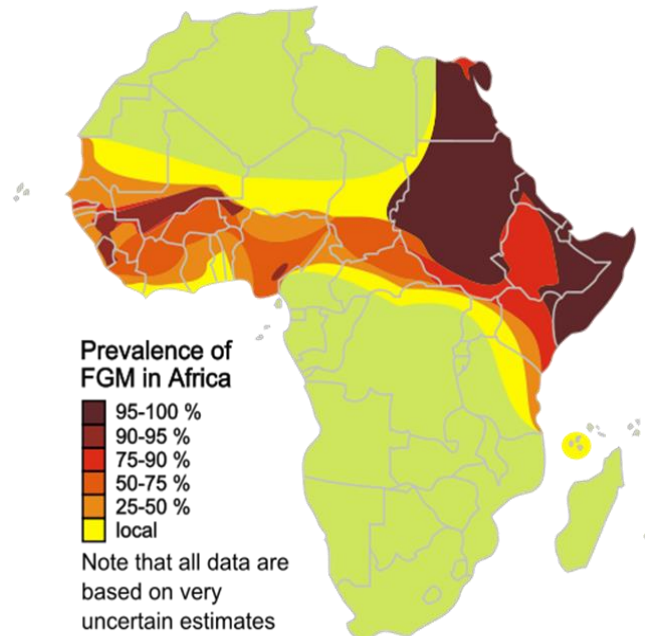


Figure 3: Map courtesy of Afrol News

## FEMALE GENITAL MUTILATION (FGM) WHERE DOES IT HAPPEN?

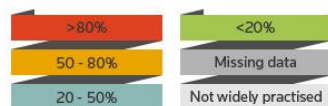


FGM is practised in 28 African countries and parts of the Middle East and Asia. It is also found in immigrant communities worldwide.

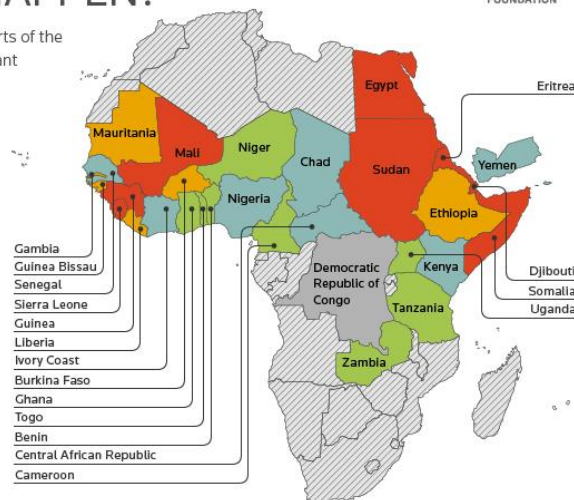
An estimated 100 to 140 million girls and women have been subjected to FGM. In Africa, around 3 million girls are thought to undergo FGM every year.

FGM is often a prerequisite for marriage, but it can cause life-long physical and psychological problems.

FGM PREVALENCE FOR WOMEN AGED 15-49



Source: UNICEF and Population Reference Bureau



2012 Thomson Reuters Foundation

Figure 4: Where Does FGM Happen?

## Female Genital Mutilation (FMG) in Africa

Girls and women aged 15-49 who have undergone FMG in countries where it is most prevalent

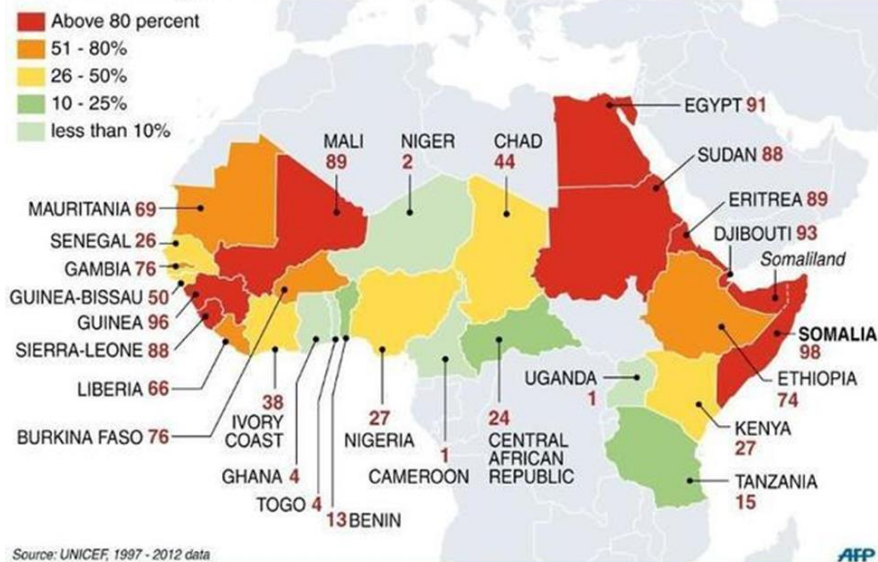


Figure 5: FGM in Africa

According to the United Nations, and other international organizations, Female Genital Mutilation (FGM) is a human rights violation. FGM “reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women” (WHO 2014); the statement is a reflection and byproduct of feminist theory, which will later be discussed in the theoretical background chapter. There are four forms of circumcision:

**Type I- *Sunna***- Pricking of (or) removal of portions (or) the entire clitoral hood

**Type II- *Clitoridectomy/Excision***- Removal of part of (or) all of the clitoris as well as the labia minora.

**Type III - *Infibulation***- Removal of all external genitalia: labia minora and inner walls of the labia majora. Outer edges of the vulva are sewn together and the suturing of the outer edges of the labia majora are done in a way that after it heals the opposite sides will create a wall over the vaginal opening. “A small sliver of wood (such as bamboo) is inserted into the vagina to stop coalescence of the labia majora in front of the vaginal orifice and to allow for the passage of urine and menstrual flow” (Kouba and Muasher 1985:96).

**Type IV- *Unclassified***- Includes: pricking, piercing, cauterization, scraping or incising. (WHO 2014)

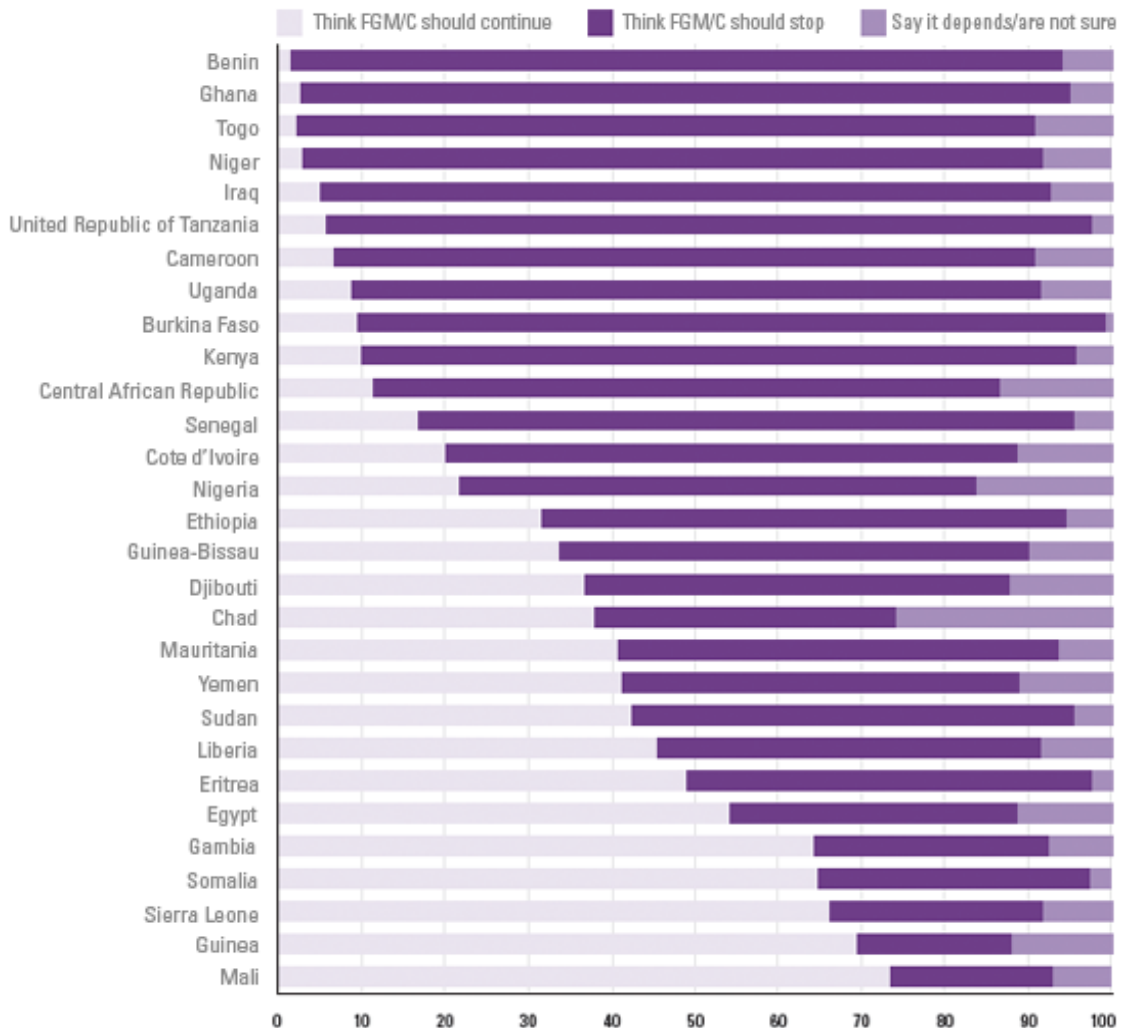


Ninety-percent of practiced circumcision is type I and type II, a very small population of less than 1% practice type IV (WHO 2014). Below are UNICEF surveys of female circumcision practices and attitudes towards it:

Source: <http://data.unicef.org/child-protection/fgmc#sthash.XlPBhSvR.dpuf>

**Table 1: “In most countries where FGM/C is practised, the majority of girls and women think it should end.”**

Percentage distribution of girls who have undergone FGM/C (as reported by their mothers), by age at which cutting occurred



“Notes: The category of girls and women who are unsure or responded that ‘it depends’ also includes those for whom data are missing. In Liberia, only cut girls and women were

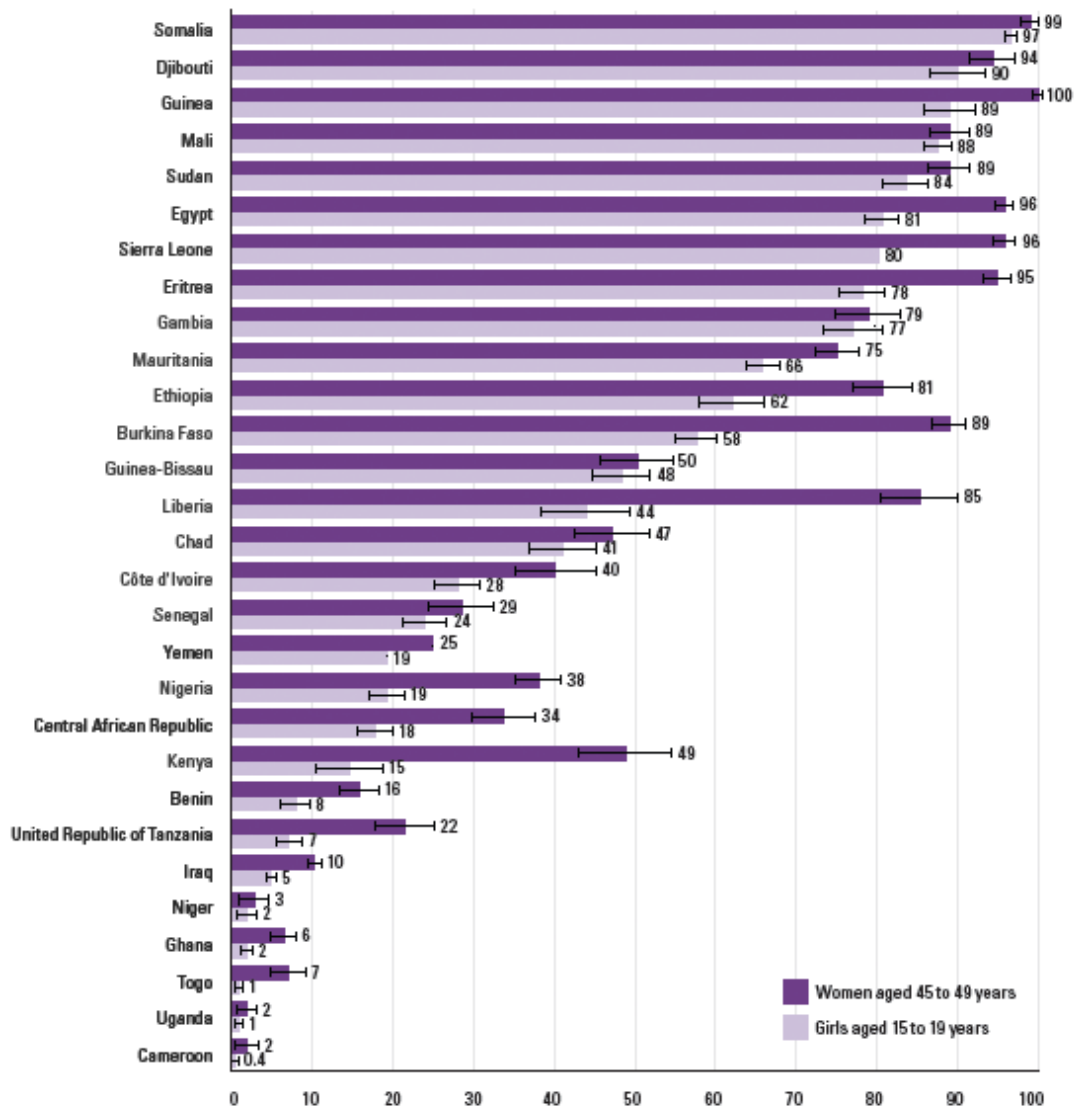
asked about their attitudes towards FGM/C; since girls and women from practising communities are more likely to support the practice, the level of support in this country as captured by the 2007 DHS is higher than would be anticipated had all girls and women been asked their opinion. Data for Yemen refer to ever-married girls and women. MICS data for Ghana (2011), Nigeria (2011) and Sierra Leone (2010) were not used to report on attitudes towards FGM/C due to the fact that information is missing for girls and women with no living daughters; data from older surveys (2006–2008) were used for these three countries. Due to rounding, the data presented in this figure may not add up to 100 per cent.

Sources: DHS, MICS and Sudan Household Health Survey, 1997–2012.”  
<http://data.unicef.org/child-protection/fgmc#sthash.XIPBhSvR.dpuf>

Source: <http://data.unicef.org/child-protection/fgmc#sthash.XIPBhSvR.dpuf>

Table 2: “In most of the 29 countries where FGM/C is concentrated, the practice is less common among adolescent girls than middle-aged women”

Percentage of girls aged 15 to 19 years and women aged 45 to 49 years who have undergone FGM/C



“Notes: Confidence intervals for Sierra Leone could not be calculated since the prevalence among girls aged 15 to 19 has been adjusted. Confidence intervals for Yemen could not be calculated since access to the data set is restricted. This chart has not been updated since the release of the source publication.”

Source: UNICEF, *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, UNICEF, New York, 2013, p. 101.

From: <http://data.unicef.org/child-protection/fgmc#sthash.XIPBhSvR.dpuf>

\* Figures are based on less than 25 unweighted cases and have been suppressed.

**Table 3: UNICEF DATA**

FGM/C prevalence among girls and Updated July 2014										
Country	FGM/C prevalence among girls and women (%)	FGM/C prevalence among girls and women aged 15 to 49 years, by residence and household wealth quintile (%)							Reference year	Data source
		Residence		Household wealth quintile						
		Urban	Rural	Poorest	Second	Middle	Fourth	Richest		
Benin	7	6	9	–	–	–	–	–	2011-2012	DHS
Burkina Faso	76	69	78	77	78	78	80	69	2010	DHS/MICS
Cameroon	1	1	2	1	4	1	1	1	2004	DHS
Central African Republic	24	18	29	34	31	26	17	15	2010	MICS
Chad	44	46	44	53	47	43	37	43	2010	MICS
Côte d'Ivoire	38	38	39	–	–	–	–	–	2011-2012	DHS
Djibouti	93	93	96	–	–	–	–	–	2006	MICS
Egypt	91	85	96	95	96	95	92	78	2008	DHS
Eritrea	83	80	85	89	86	84	83	75	2010	Population and Health Survey
Ethiopia	74	69	76	73	76	75	78	71	2005	DHS
Gambia	76	75	78	73	76	82	83	69	2010	MICS
Ghana	4	3	5	13	4	3	1	1	2011	MICS
Guinea	97	97	97	–	–	–	–	–	2012	DHS/MICS
Guinea-Bissau	50	41	57	49	57	60	44	41	2010	MICS/RHS
Iraq	8	9	6	10	12	10	6	4	2011	MICS
Kenya	27	17	31	40	31	29	26	15	2008-2009	DHS
Liberia	66	45	81	84	80	75	58	40	2007	DHS
Mali	89	89	88	84	84	88	93	92	2010	MICS
Mauritania	69	57	81	94	88	71	57	48	2011	MICS
Niger	2	1	2	2	2	2	3	1	2012	DHS
Nigeria	25	32	19	17	20	24	31	31	2013	DHS
Senegal	26	23	28	43	30	26	21	15	2010-2011	DHS/MICS
Sierra Leone	90	81	94	95	95	95	90	77	2013	DHS (preliminary)
Somalia	98	97	98	98	99	98	98	96	2006	MICS
Sudan	88	84	90	90	87	82	88	91	2010	SHHS
Togo	4	3	5	3	6	5	4	2	2010	MICS
Uganda	1	1	1	2	1	1	1	2	2011	DHS
United Republic of Tanzania	15	8	17	25	16	17	13	6	2010	DHS
Yemen	19	17	19	–	–	–	–	–	2013	DHS (preliminary)
Sub-Saharan Africa	40	–	–	–	–	–	–	–		
Eastern and Southern Africa	44	–	–	–	–	–	–	–		
West and Central Africa	32	–	–	–	–	–	–	–		

Indicator definition: Percentage of girls and women aged 15 to 49 years who have undergone FGM/C.

– Data not available.

() Figures are based on 25-49 unweighted cases.

“Notes: In Liberia, only girls and women who have heard of the Sande society were asked whether they were members; this provides indirect information on FGM/C, since it is performed during initiation into the society.”

Source: UNICEF global databases 2014, based on DHS, MICS and other nationally representative surveys.

The UNICEF stats above display the prevalence and views toward female circumcision in Africa. The data provided a general overview of the prevalence of female circumcision, which gave my own research relevance. The UNICEF data represents the etic and I will further discuss this data in Chapter 4.

Female circumcision is a historic practice that has been found throughout the world, but is most prevalent in Africa. No substantial evidence has pinpointed its origination or how/why it was initially performed. But this ancient practice, has transcended time and societies, and is still commonly practiced today. Female circumcision has been documented over the years as a taboo ritual and as an act of violence against women (WHO 2014).

### **Statistics and Female Circumcision in Nigeria**

In the case of Nigeria, 25% of women have undergone female circumcision (USDOS 2009). Nigeria accounts for one-third of all female circumcision cases in Africa, because it is the most populous country on the continent, not because of a high prevalence (Gruenbaum 2001:8). The majority of Yoruba’s practice type I circumcision. As previously noted, in sub-Saharan Africa Christian women with higher education, live in urban areas and have a high socio-economic status are less likely to have circumcised daughters, except for the case of Nigeria, where the likelihood of having at least one daughter circumcised is greater among educated Christian, urban women, in comparison

to other countries (UNICEF 2005:9). “One explanation could be that this difference is due to the confounding factor of ethnicity, because FGC is practiced by Yoruba groups, who are also more likely to be educated” (UNICEF 2005:9). For instance, specific subgroups of the Yoruba are known to practice circumcision. The subgroup that practices female circumcision the most are the Oyo people. Oyo people live in a certain location in southwestern Nigeria. The families that practice female circumcision continue to do it out of a sense of religious, social, and cultural responsibility. Regarding religion, Yoruba Muslims are twice as likely as Yoruba Christians not to circumcise their daughters (Orubuloye et al. 2000:93).

Among the Yoruba, who reside in southwestern Nigeria, the purpose of circumcision includes (Orubuloye et al. 2000:81):

1. The clitoris is dangerous and it could cause the death to the infant during delivery
2. The clitoris will keep growing throughout the woman’s life
3. Circumcision increases personal enjoyment of sexual activity
4. That a circumcised vagina is aesthetically more beautiful

Yoruba girls are circumcised during the first week life. The majority of both rural and urban families that choose to circumcise, do so in a hospital or a medical facility.

Historically, babies were circumcised as part of a ceremony with plant-based anesthesia.

In modern society, circumcision has been monopolized by trained nurses. Infection is rare and in all cases is treated by antibiotics, mostly at government or private hospitals.

“Because of the involvement of the modern health sector... there may be a very low level of circumcision-related mortality for both girls and boys” (Orubuloye et al. 2000:88).

Culturally, many women are hesitant not to circumcise their child, because they fear they will become unmarriageable. The same goes for men that are not circumcised, “only 1 percent of urban and rural women said they would marry an uncircumcised man” (Orubuloye et al. 2000:81). Therefore, cultural perceptions of duty and family expectations keep the practice of circumcision going. The cultural necessity of female circumcision is embedded in tradition not religion. Yoruba philosophical, religious and cultural perceptions will be further explored in the theoretical background chapter.

### **Previous Research on Female Circumcision**

Female circumcision has been comprehensively analyzed and documented through various academic angles, examples include: functionalism, universal humanism, and medical. The World Health Organization, United Nations, and numerous non-governmental organizations continue to produce literature on female circumcision. The Western medical community continues to rally against female circumcision. Scholars have challenged the practice, declaring cultural relativism as inapplicable since it is a human rights violation.

For Structural Functionalists, female circumcision is perceived as a component of society’s cultural functioning. Functionalist Arnold van Gennep (1960) “compares male and female circumcision to, among other things, the removal of teeth; scarification; tattooing... and the cutting of hair” (Leonard 2000:170). Some societies remove teeth or cut hair, while others considered such acts as taboo and sacrilege. Structural functionalist would then categorize female circumcision as culturally relativistic and integrated as having a role in society.

Unlike Structural Functionalists, Nigerian scholars have written about the practice of female circumcision in a descriptive, explanatory method. In *Prevalence of Female Circumcision in Two Nigerian Communities* Ehigie Ebomoyi (1987) conducts a case study that surveyed two Nigerian communities on the outskirts of Ilorin in Kwara State. Ebomoyi's survey portrays a general idea of what both men and women thought about the practice of female circumcision (1987). Ebomoyi found that "a total of 1150 men and 1150 women were interviewed ... Over 90% of the female respondents were themselves circumcised in their childhood. In the two communities, females were generally circumcised in their infancy when they were 7-10 days old" (Ebomoyi 1987:142). Furthermore, over 55% of those surveyed in the both communities stated that the rationale behind the practice was the preservation of cultural heritage and tradition. This study showed that in the 1980s many of who participated in the study were circumcised themselves and related the practice purely on tradition. Although there are other studies on female circumcision in Nigeria, this study was extensive and took place in one of the locations where I conducted my research. Since the study was conducted in Ilorin, one of the cities where I gathered data, I thought it would be necessary to include Ebomoyi's research. His research was conducted nearly 30 years before I did my fieldwork. His data provides historical context and perceptions of female circumcision practices during that time period.

Female circumcision is written about by scholars as an attempt to explain how the practice is entrenched in cultural identity and history (Myers et al. 1985; Snow et al. 2002). Scholars have written about it in this manner to attempt to detach Nigerian



practices of female circumcision from Arabic and East African infibulation (Myers et al.1985; Babatunde 1998). Infibulation is the most extreme form of circumcision and all practices of female circumcision tend to get lumped in with that rare practice. Nigerian scholars have criticized Western writers, such as Alice Walker, and have declared female circumcision culturally relative (Babatunde 1998). By declaring female circumcision culturally relative and disaffiliating it with other practices of circumcision, academic attempt to show that it cannot be generalized. In the case of Nigeria, female circumcision is not ‘genital mutilation’ and cannot be universalized with every other case. However, African medical practitioners have written about the side-effects and physical complications of circumcision (Olamijulo et al. 1985; Abdur-Rahman, Musa and Oshagbemi 2012).

### **Medical Background**

The medical community continues to speak out against female circumcision, declaring it harmful (Mackie 2003) and a human rights violation (Toubia 1994). Practitioners and health care professionals around the world have pushed for the criminalization of all practices of Female Genital Mutilation and the mobilization of organizations and governments against it (Toubia 1994). Although both African and Western medical practitioners have revealed the medical side effects of male circumcision, many have not rallied against male circumcision, which shows there is a double standard.

Male circumcision is seen as a health benefit and the American Academy of Pediatrics have recommended the procedure to prevent sexually transmitted infections,

including HIV/AIDS, and urinary tract infections (Tobian and Gray 2011). Recently, some medical professionals have questioned the study conducted by the American Academy of Pediatrics, stating that the data which suggests male circumcision has medical benefits is culturally biased (Frisch et al. 2013). Non-American medical associations and societies for pediatrics have conducted similar studies and found that there is no statistical evidence that suggests that male circumcision will prevent sexually transmitted infections or HIV/AIDS, and urinary tract infections are easily treated with antibiotics (Frisch et al. 2013). Contradictory studies among male circumcision show that cultural backgrounds, even among Westerns, have implications in perceived scientific discourse and its consequences.

Unlike the West, circumcision rituals in Africa (whether male or female) are seldom practiced in a hospital and male circumcision is an extremely dangerous procedure (Fogg 2014) having complications and even resulting in death (Magoha 1999). Since 2008, in South Africa alone, over a half of a million boys have been hospitalized over botched traditional circumcisions and over 500 have died since 2006 (Lopez Gonzalez 2014). In Nigeria, traditional herbalists that have no medical training perform most of the rural male circumcision as part of a ritual, which lead to numerous complications including penile amputation and death (Abdur-Rahman, Musa and Oshagbemi 2012). If such atrocities are happening to young boys, then why have the medical communities not pushed for the mobilization of governments and NGOs to end such a practice as they did with female circumcision? Robert Darby and J. Steven Svoboda (2007) criticized the WHO's principles of universal human rights in their

comparative analysis between female circumcision to male circumcision, claiming that there is a double standard between the two practices. Cultural norms and relativity are as influential as scientific data. It is easier to be polemic against something that is considered alien than it is to reflect on one's own cultural traditions and rituals that might be considered primitive and detrimental by other cultures. Analyzing academic voices, including the convoluted debate amongst the medical community, displays how the topic of female circumcision is complex and relevant.

### **Female Circumcision, Modern Voices**

Within the past twenty years, both African and Western scholars have advanced the discourse of female circumcision and cultural relativism. Claire Robertson and Stanlie James (2002) are two of the numerous scholars that continue to challenge the methodologies of international organizations, as well as bringing a modern viewpoint to the topic of circumcision. They call the historic Western perspectives ethnocentric and arrogant, essentially looking down on African women as victims (James and Robertson 2002). They propose international organization to use education as a tool to end FGM, instead of criminalizing those who practice it. They also discuss the double standard in the present revitalization of female circumcision in the West.

Scholars argue that female circumcision practices are not exclusively found in African societies, but are practiced worldwide and in only some parts of Africa, even by 'Westerners' (Brière 2005; James and Robertson 2002). During the 18<sup>th</sup> and 19<sup>th</sup> century, FGM was practiced throughout Europe and the United States by medical professionals to prevent insanity (Duffy 1963), thought to be caused by female sexual stimulation. It was

accepted and practiced by the medical community, primarily mental health practitioners in the United States and Britain through the 1940s. All forms of female circumcision were banned in the United Kingdom in 1985 and in the United States in 1997 but the practices have yet to disappear.

Today, Western women spend a minimum of \$5,000 to get labiaplasty surgery, which is modern female circumcision. Labiaplasty is a cosmetic surgery that women get to 'beautify' their vaginas and is one of the fastest growing cosmetic surgeries in the United States, the number of procedures per year increased by 44% in 2013 (American Society for Aesthetic Plastic Surgery 2013). Vaginal plastic surgery has the same health risks as the most extreme versions of female genital mutilation, but it is legal (BBC 2009). The notion that the West has mobilized against FGM in Africa where the same practice is considered a 'designer' procedure is contradictory. Scholars have acknowledged this inconsistency and have questioned whether labiaplasty surgery should be illegal (Kelly and Foster 2011). Although there is a debate regarding 'choice', since women in Western countries choose to have this procedure performed on them as adults, where children lack that choice. From a medical argument, if the medical community is against all female circumcision practices purely because of side effects and complications, then they must be against labiaplasty surgery since it has the same extreme side effects.

In regards to children in the United States, approximately five children per day “are subjected to excision of part or all of their clitoris and inner labia simply because doctors believe their clitoris is too big” (Chase 2002:126). Since being intersexed is not an acceptable cultural norm in society, doctors suggest the



Figure 6: Article “Circumcision for Women” Playgirl 1.5 (October, 1973)

parents choose the sex of their intersexed child. The intersex movement has criticized Western feminists and anti-FGM organizations, since they do not mobilize against the circumcision of intersex girls in the United States. “Western feminism has represented African genital cutting as primitive, irrational, harmful, and deserving of condemnation. The Western medical community has represented its genital cutting as modern, scientific, healing and above reproach” (Chase 2002:146). Western academics are now bringing to light the contradictory rhetoric used in the discourse of female circumcision in the West versus in Africa.

Female circumcision is not an outlandish alien procedure; it is very much a part of Western history. Since the Western world has this history of female circumcision that

was grounded in patriarchy, Westerners cannot detach their cultural memory from the procedure. Instead, the West projects their patriarchal definition of the practice onto other societies and other forms. Therefore, female circumcision must be rooted in indigenous ideology; it is not a homogenous custom that has and continues to exist in a uniform form throughout the diverse world, encompassing space and time. My research on the Yoruba philosophical realities of female circumcision will show one cultural manifestation of the practice.

In the frame of Africa, Dr. Fuambai Sia Ahmadu (2000) is a Sierra Leonean American medical and symbolic anthropologist and is an active advocate for female circumcision. She was born and raised in Washington, DC and at the age of 21 went to Sierra Leone and chose to be circumcised. Dr. Ahmadu said that she was sexually active before the procedure and her sexuality was not negatively affected after the procedure. Ahmadu has criticized the few African women who have written about female circumcision, such as Efua Dorkenoo (1994) and Olayinka Koso-Thomas (1992), stating that they are from ethnic groups that do not practice any form of circumcision or have not undergone the procedure themselves (2000:292). In 2012, Dr. Ahmadu spoke at the American Anthropological Associations (AAA) annual conference debating the hypocritical stance the medical community has regarding the various forms of circumcision. Dr. Ahmadu is one of the numerous African intellectuals publishing their stories and given an individualistic voice to circumcision.

African organizations, such as Women of Africa, a Nigerian organization that deal with women's rights, claims that circumcision is a practice of the past. President

Alice Ukoko (2012) claims that women use the terms female genital mutilation as a way of benefiting themselves or their family in obtaining asylum. By proclaiming that ‘someone’ is going to force you or your child to undergo FGM, they are able to acquire refugee status within a European country, the United States, or Canada (Kelson 1995; Setareh 1995). Both, the African and Western academic communities are now actively investigating and researching these types of accusations (Kelson 1995). In recent publications, anthropologists have argued the problematic ethnocentric nature of universal human rights and the lack of agency asylum seekers are given, instead, they are just declared victims (Kea and Roberts-Holmes 2013). Scholars are showing how the female circumcision debate is changing and adapting to modern times.

### **Conclusion**

The historical background section discussed the previous academic discourse female circumcision and Nigeria, and the emergence of the modern voice. Classical ethnographers in Nigeria and the West have written about Nigeria from cultural case-study, material cultural, and political perspectives. In the case of female circumcision, it has been written in an etic functionalist, feminist, and medical perspective. Cultural practices must be done in a cultural context. To understand any culture, ideology, is the most essential factor to be taken in account. Ideology is the foundation of and what drives the individuals, as well as society itself. Nongovernmental organizations have mobilized and expended resources to eradicate female circumcision practices but have yet to properly incorporate the ideological importance of the ancient tradition. Therefore, a postcolonial, emic, philosophical critique of female circumcision is essential and

opportune. To completely rid the African continent of female circumcision it must come from within the society where it is practiced. These ideas will be further explored within Yoruba traditional framework in the theoretical background chapter.



## **CHAPTER THREE: THEORETICAL BACKGROUND**

### **Introduction to Chapter**

The historical background chapter provided the history of anthropological research on female circumcision and Nigeria. This chapter establishes the theoretical framework that is necessary to understand the topic of female circumcision, particularly among the Yoruba in Nigeria.

As noted in the Introduction Chapter, religion and culture are a part of every aspect of Nigerian society, which is inclusive of Yoruba. African Philosophy, religion, and systems of thought must lay the foundation in the theoretical background chapter. African Philosophy will provide an introduction to systems of thought and point of view, which is necessary to understand the emic academic dialogue. Since all aspects of Yoruba society is rooted in, but not limited to traditional and cultural belief systems, it is vital to discuss the importance of African philosophy and ideological frameworks.

African Philosophy and its' effect it has on female circumcision practices among the Yoruba will provide the ideological background for the need for Postcolonial discourse. Feminist and postcolonial theorists are the majority of scholars that have been and continue to provide research in female circumcision therefore, both theoretical frameworks are critical to the topic. Numerous feminist and postcolonial theorists have academically intersected and diverged on female circumcision. Some academics have

come to a consensus and others are at an impasse, they will be further discussed in those respective sections.



Figure 7: Photo taken in Ilorin, Nigeria. Many businesses, such as the one above, have god in their company name.

### **African Philosophy**

*African philosophy can be a critical reflection on African leaderships in the administration of their duties towards their citizens. As a socioeconomic ideology and worldview, it may also provide possible solutions to the problems experienced in African political and economic governance. (Edozie 2017:80)*

What exactly is African philosophy? “African philosophy has been defined as that which concerns itself with the way in which African people of the past and present make sense of their destiny and of the world in which they live” (Edozie 2017:80). Historically, African philosophy was written from a Western perspective, since indigenous cultures were stereotyped as ‘primitive’ and omitted from occupying a space within the

philosophical academic arena (Hallen 2002: 3). African philosophers are rewriting that stereotypical narrative, incorporating both ancient civilizations and modern. African philosophy is dynamic and as diverse as the continent itself and now involves “restoring Africa’s links with ancient intellectual heritage, exploring the nuances of intercultural rationality, or identifying elements of the continent’s pre- and postcolonial identity” (Hallen 2002:112). African philosophy, systems of thought and religion are interwoven into every aspect of Nigerian society. Since African philosophy is a part of all aspects of society and culture, it is needed in the discussion of female circumcision among the Yoruba.

Religious philosopher John Mbiti (1991) argues that African religious philosophy and culture are indivisible; therefore, you cannot address African culture or society without discussing African systems of thought. Within African systems of thought, Mbiti believes religion is the source and foundation for morality. If Mbiti is correct, then African philosophy is an imperative theoretical framework for discussing culture and female circumcision. “To philosophize is to reflect on human experience in search of answers to some fundamental questions” (Omogbe 1998:3), and in African societies and cultures, myths, and traditional religions answer those questions.

Theologian Bolaji Idowu states, “With the Yoruba, morality is certainly the fruit of religion. They do not make any attempt to separate the two; and it is impossible for them do so without disastrous consequences” (1962:146). Nigerian Philosopher, Segun Gbadegasin debates against Idowu’s claim, “To say that religion is the foundation of people’s morality is to say that without it they could not behave in a morally responsible

manner” (1998:137). Idowu, Gbadegasin, and Mbiti’s arguments show how even among African scholars defining what African philosophy is and its’ importance to society is varied.

Although African scholars may debate if religion and philosophy are required to socially reinforce moral standards, they agree that in present African societies systems of belief are the foundation of culture. Gbadegasin discusses how socialization begins at birth when the new born baby is taken away from the mother and handed off to the women of the

family; the mother cannot touch the baby except when breastfeeding. He shows how the process of socialization and integration of cultural ideas begin in the first moments of life. By taking away the newborn from its’ mother and giving it to the community, it both symbolically and literally shows the child and the community that communal life outweighs the importance of individual desire. That individual desire would be the parents’ love and instinct to want to shelter and protect the child. Instead, they give the

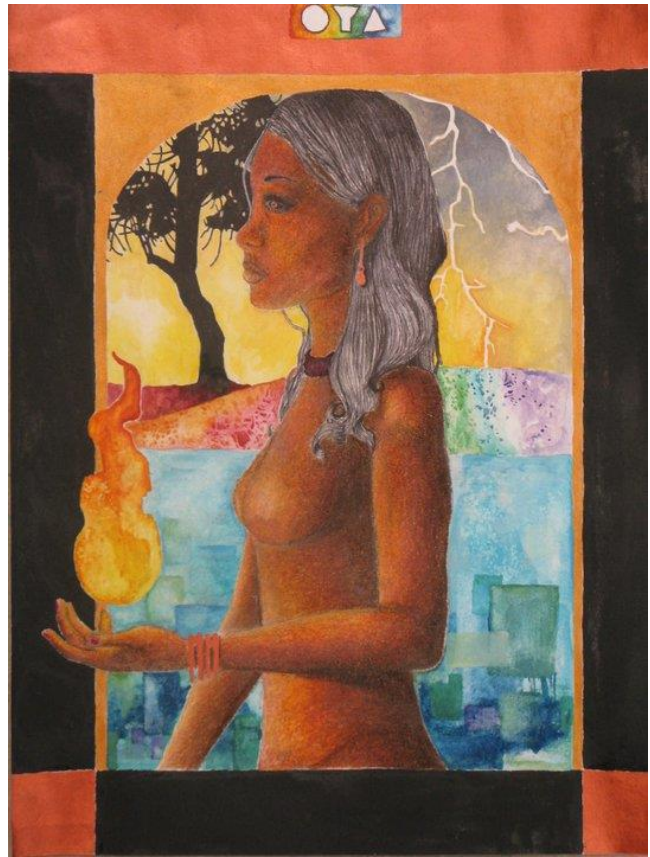


Figure 8: “Oya the Yoruba Orisha (goddess) of wind, fire and lightning.” Art by Steven Gravel distributed under a CC-BY-SA-3.0 license.

child to the community, trusting that the community will provide greater love and protection.

Building on the initial exposure in the family compound they now see themselves as one who should carry the banner and, having collectively, cannot but shun individualism. This is the meaning of the common reference to the typical African as saying ‘I am because we are; I exist because the community exists’ (1998:131).

Such ideas of collectivity and individual role in society develop from traditional systems of belief.

Traditional systems of belief are ingrained in every aspect of society, including language itself. The term *Iwà* is defined by linguist Wande Abimbola as existence, and among the Yoruba, is one of the most important moral concepts (Gbadegasin 1998: 138). In Ifa (Yoruba traditional religion), “Existence is ... based as it is, on human ideas of morality. Each creature of Olodumare (God) is thought as having its beauty by the fact of its existence, and it is not to be undermined by human valuation” (1998:139). According to Gbadegasin,

Ifa is not just a religion. It is a source of Yoruba collective wisdom... even the oracle is not spared as far as the moral judgment of actions is concerned. As for a devotee of the Ifa oracle, the morality of the society appears to provide a yardstick for even judging the conduct of the oracle. It follows therefore that the Yoruba are very pragmatic in their approach to morality, and though religion may serve them as a motivating force, it is not the ultimate appeal in moral matters. (1998:140)

For Gbadegasin, Ifa is more of a philosophy, just as many argue that Buddhism is not a religion but a way of life. Therefore, African philosophy and systems of thought must provide the cultural and linguist foundation to conduct research in Africa. Since philosophy and religion reflects Yoruba society, female circumcision must also have

traditional ideological roots. Taking account for the ideological and traditional factors that affect female circumcision practices are essential, which I was able to do by utilizing African philosophy.

### **Feminist and Postcolonial Discourse**

African philosophy will provide an emic ideological understanding of female circumcision, but postcolonial and feminist theorists have been the primary voice in the academic discourse of female circumcision, so they fundamental. Throughout the academic debate around female circumcision practices, postcolonial and feminist theorists have been positioned against each other. Feminists have condemned the practice, while postcolonial theorists contest the terminology and the postitionality of that condemnation. This debate between feminist and postcolonial theorists has been described by scholars as a dialogue or ‘battle’ at an ‘impasse’ (Njambi 2004: 283).

During a period in US history when feminists pushed for women around the world to stand united against patriarchy as a ‘global sisterhood’, feminists began to engage with the topic of female circumcision (Morgan 1984). Fran Hosken, who was inspired by the idea of ‘global sisterhood’, coined the term ‘female genital mutilation’ and wrote about the practice in her feminist newsletter WIN News (Boyle 2002; Gruenbaum 2001). Hosken mobilized a generation of Western feminists for whom female genital mutilation symbolized patriarchy in ‘Africa’ (Wade 2011).

Chandra Talpade Mohanty (1988) critiques feminist discourse and their creation of the ‘third world’ colonized woman as a monolithic entity. She says that Western feminists view the colonized woman as the *other*, the strange and unknown. Mohanty

goes on to say that Western feminists impose their ideologies onto the non-Western woman, the *other*. Feminist view the *other* as an identical coherent group, consequently, imply a universal label on the colonized woman. Mohanty's feminist critique describes the problematic nature of such discourse as it is reflective of colonial imagery.

Historically anthropologists studied the *other*, the "native", and the obscure to understand the particularity of non-Western societies. Ethnographers have had a significant impact on the societies that have been studied, whereas Western societies have had limited impact from such ethnographic studies. When ethnographers were *othering* such societies, they take on a non-human form and there was a lack of empathy for the ambiguous. Instead of looking at the *other*, there is anthropological call to look at 'ourselves'.

The feminist Western anti-FGM dialogue has been criticized for creating a culturally imperialist narrative (Njambi 2004), which scholars argue, portrays individuals who reside in communities that practice female circumcision negatively (James and Robertson 2002; Nnaemeka 2005). One Sudanese scholar wrote that the Western anti-FGM protesters depicted female circumcision practices "as irrefutable evidence of the barbarism and vulgarity of under-developed countries, a point of view they have always promoted. It became a conclusive validation to the view of the primitiveness of Arabs, Muslims and Africans all in one blow" (Toubia 1988:101).

Female circumcision practices have mischaracterized by feminist activists and only "the most extreme versions receive disproportionate attention" (Wade 2011), while the negative implication it has on individual health and sexuality remain overstated

(Ahmadu 2001; Kratz 1994; Lewis 1995; Obermeyer 2003; Shell-Duncan 2001). Female circumcision has been distorted to grab the attention of Western audiences with horrific images and stories about African men's sexual dominance of women (Walley 1997). The persistent labeling of female circumcision as patriarchy overgeneralizes cultural and social functions (Leonard 2000; Obiora 2005).

These Western feminist concepts of Africa are both stereotypical and superficial, portraying Africans as destitute, powerless and in stagnation. Depicting practitioners of taboo traditions as stuck in a primitive stage on an evolutionary timeline (Boddy 2007). For example, when a Nigerian woman, Lydia Oluloro, faced with deportation from the United States applied for asylum in order to protect her American-born children from being circumcised (1994), journalists wrote statements such as,

The ancient ritual, frequently referred to as female circumcision and widely practiced in many African countries and parts of the Middle East, has been condemned by human rights advocates and health professionals in the West as barbaric and unsafe... 'These Are American Girls' (Egan 1994).

LA Times journalist wrote, "Women are victimized in ways men are not. They are subjected to bride-burning in India and genital mutilation in Africa, the Middle East and Southeast Asia" (Lawrence 1994). By lumping together 'genital mutilation' with 'bride-burning' in regards to Oluloro's asylum case, Lawrence reiterated the notion that nonwestern cultures are backwards. "In contrast to this image of sub-Saharan and North African societies as tradition-bound and oppressed by culture, Euro-American institutions and values are depicted as exemplars of culture-free reason and rationality" (Walley 2009:346).



Western feminism has omitted cultural differences and simplified women's issues around the world. Without acknowledging class and power differences within groups of women, the marginalized group has been universalized as white, Western middle-class female subject (Mohanty 1992: 83). Because of this people who did not fit in that feminist model of being a 'woman', departed from feminist theory and found postcolonial theory needed and inclusive of marginalized voices. A postcolonial, emic voice will challenge the stereotypes Western media have given female circumcision practices.

Is there a need for a postcolonial critique of female circumcision? "The term 'postcolonial' is used to designate the cultural, economical and political contact of the colonizer and the colonized and the chain reactions that is ignited" (Dube 2001:215). Postcolonial discourse is the intellectual rebuttal to colonial discourse. The term postcolonial is fundamentally problematic to various academics, as well as indigenous communities, since it is "the idea that colonialism is over, finished business" (Smith 2012:25). Postcolonial cultural analysis has and continues to challenge the metanarrative that has been dominated by Western perspectives.

One major postcolonial theorist that challenges the metanarrative is Gayatri Chakravorty Spivak. Spivak deconstructs the dynamic of race and power and whether marginalized people even have a voice (2010). For Spivak, the subaltern is the colonized, and the intellectuals have to give voice to the subaltern since they lack the resources to share their own voice. Colonialism has historically muted the subaltern's voice, but now, through postcolonial discourse the subaltern can finally speak. Thus, the intellectual

becomes the voice for the subaltern. Although Spivak says that intellectuals can speak for the subaltern, I do not necessarily agree. The intellectual voice is the educated, the wealthy, and the people that represent hegemonic power. The marginalized lack education, wealth and power so they cannot be spoken for by the intellectual. The marginalized may even be victimized by the ones with power. Therefore, people with power cannot speak on behalf of the people without it. Should the subaltern speak or does female circumcision have to be viewed through an etic cultural lens? These ideas of who has the right to discuss cultural traditions continued to be discussed by postcolonial and feminist theorists.

Though postcolonial theorists address colonialism as a singular entity it was not an “identical process in different parts of the world but everywhere it locked the original inhabitants and the newcomers into the most complex and traumatic relationships in human history” (Loomba 2005:7-8). In the context of women, colonialism eroded matrilineal (women-centered) societies and, essentially, intensified women's subordination in the colonies (Loomba 2005:141). For the Yoruba of Nigeria, colonialism fabricated gendered traditions. “Men and women have been invented as social categories, and history is presented as being dominated by male actors. Female actors are virtually absent” (Oyěwùmí 1997:82). Yoruba history “of both the colonized and the colonizer have been written from the male point of view – women are peripheral if they appear at all” (Oyěwùmí 1997:121). Colonialism shifted women’s roles in society; therefore postcolonial discourse must be employed to acknowledge how gender roles have not always been the same.

Although postcolonial discourse is used by the intellectuals to combat hegemonic preconceptions as Spivak reiterated, it does not encompass all marginalized voices. In *The Invention of Women: Making an African Sense of Western Gender Discourses*, Nigerian sociologist Oyèrónkẹ Oyěwùmí debates Western hegemony in the academic field of African Studies. She describes how the discipline has been Eurocentricized in order to rebut the notion that Africa has no history, philosophy, or great leaders. African scholars are essentially reactionary; modeling African history symmetrically to European history.

My point here, then, is that African thought... whether nativist or antinativist, has always focused not on difference from the West but on sameness with the West. It is precisely because African intellectuals accept and identify so much with European thinking that they have created African versions of Western things. They seem to think that European mind-set is universal and that, therefore, since Europeans have discovered the way the world works and have laid the foundations of thought, all that Africans need to do is to add their own “burnt” bricks on top of the foundation (Oyěwùmí 1997:19).

She claims that various African intellectuals have failed to differentiate between universality and Western particulars. Consequently, the intellectuals who are supposed to be questioning the hegemonic scholarship are only reinforcing the Eurocentric colonial standard. Such colonial discourse is repeated in the universal concept of gender, particularly if female voices have been omitted as Loomba suggested.

Anthropologist Ifi Amadiume (1987) contests the concept of gender and its’ relationship to power. In *Male Daughters, Female Husbands: Gender and Sex in an African Society*, Amadiume describes how the majority of African societies were not historically structured on gender power roles (1987). Women’s contributions to society

and culture were not limited in Nigeria. Amadiume has been criticized by Nigerian scholars for her portrayal of Igbo society from a privileged Western lens.

Nigerian scholar Nkiru Nzegwu (1994) says that Amadiume does not understand that women's contributions to society and culture were not limited, specifically in the case of Nigeria. Nkiru Nzegwu, a Nigerian philosopher, highlights the difference between gender identity in a dual-sex system and in a mono-sex system (1994). According to Nzegwu, a dual-sex system characterizes a political structure where each sex, 'male' and 'female', have their own autonomous authority and collective obligation (1994). She explores the historical roots of feminism to establish the cultural issues that shape the feminist understanding of equality. Furthermore, she examines the egalitarian characteristics within a dual-sex system.

Although feminism has made important contributions towards redefining gender relations, its individualistic notion of equality in which sex difference is viewed as inconsequential is problematic. Its emphasis on individualism obscures the inbuilt power imbalance between men and women, and allows gender inequity to be preserved and reinforced (Nzegwu 1994:95).

The dispute amongst Nigerian women in academia illustrates that even a concept such as gender is not universal and has been and continues to be thoroughly debated.

Oyěwùmí argues that the concept of gender is a Western construct and not the appropriate apparatus to understand most African societies (1997), since it was not a social organizing tool for Yoruba society before Nigeria's colonization by the British. "The social categories 'men' and 'women' were nonexistent, and hence no gender system was in place. Rather, the primary principle of social organization was seniority, defined

by relative age” (Oyěwùmí 1997:31). Her argument that gender is a Western social construction will lay the foundation to my emic, postcolonial theoretical framework.

In Western constructions, physical bodies are always social bodies, there is really no distinction between sex and gender. In Yoruba society, in contract, social relations derive their legitimacy from social facts not from biology...Biological facts do not determine who can become the monarch or who can trade in the market. In indigenous Yoruba conception, these questions were properly social questions, not biological ones; hence, the nature of one’s anatomy did not define one’s social position. Consequently, the Yoruba social order requires a different kind of map not a gender map that assumes biology as the foundation for the social (Oyěwùmí 1997:12-13).

Oyěwùmí deconstructs the paradoxical nature of Western feminist theory, specifically, the idea that gender is a social construct and that women’s subordination is universal. She asserts that Western feminists cannot get away from the prism of biology that recognizes social hierarchy as natural (Oyěwùmí 1997:11). Such discourse relating to biology and gender roles have also been debated amongst Western feminists such as Judith Butler (1993; 2000; 2011) and Fausto-Sterling (1992).

The majority of differences that exist between males and females dwell in the social realm. Feminist discourse has disconnected sex and gender. Essentially, “the notion was particularly attractive because it was interpreted to mean that gender differences were not ordained by nature” (1997:8); therefore, they are changeable. Gender is not a universal concept; it has been manipulated by the West as a premise that women are universally inferior to men, thus subjugated to men. The argument that gender is not a universal concept justifies the need for an emic perspective of female circumcision.

Oyěwùmí argues that “Western ideas are imposed when non-Western social categories are assimilated into the gender framework that emerged from a specific sociohistorical and philosophical tradition” (1997:11). For Oyěwùmí, feminism is the latest theoretical trend to be applied to Africa. She refers to it as a “one-size-fits-all (or better still, the Western-size-fits-all) approach to intellectual theorizing, it has taken its place in a long series of Western paradigms – including Marxism, functionalism, structuralism, and poststructuralism – imposed on African subjects” (Oyěwùmí 1997:16). Consequently, in cross-cultural studies, theorists use Western classifications on non-Western cultures. Postcolonial theorists show the need for cross-cultural discourse on the roles of women in societies. Imposed Western ideology is problematic because of its ethnocentric rational. If the etic perspective cannot escape from their cultural lens, then they cannot empathize with the emic point of view.

This radical theory that gender is not biologically determined along with the lack of cross-cultural analysis created a rift in feminist scholarship. By 2000, many feminist theorists made it their mission to document the cultural difference between women around the world (Eisenstein 2004). By validating the diversity of ‘womanhood’ and re-theorizing gender alliances, these theorists hoped to bring an inclusive postcolonial voice to feminism and rekindle the ideas of the ‘global sisterhood’ that I discussed in the introduction of this chapter. By questioning feminism and pushing for an evolution of the theory, feminist scholars opened doors for postcolonial transnational alliances (Eisentein 2004: 5; Egeland 2004) that would include other factors that cause subjugation and marginalization.

Although some feminist theorists acknowledged the need for a postcolonial reinterpretation of oppression, many feminist theorists did not accept a postcolonial turn to feminist theory. Instead, they argued that favoring cultural relativity over gender destroyed the purpose of feminism, in turn making women vulnerable to cultural responsibilities and expectations of their community. By steering away from cultural traditions in one's community they could be labeled Westernized traitors. Feminist theorists, who argue such a point, say that the right to protect one's group, translated into the right of men to control women (Phillips 2007). The debate among feminist theorists is complex, in regards to female circumcision practices.

What are Western feminists' perceptions of female circumcision? As the analysis of feminist discourse implies, there is no one voice of modern feminism. Is female circumcision perceived as a form of patriarchy/subjugation of women? For feminist writer Wendy Hartcourt, the answer would be 'yes'. Hartcourt describes the Western fight against female circumcision as "the struggle for the autonomy and self-determination of women over their bodies" (Escobar and Hartcourt 2003:179). Hartcourt lumps female circumcision with rape, as well as other forms of violence against women. Hartcourt's description depicts those who undergo female circumcision as powerless victims, lacking ownership of their bodies, and having no sense of agency. Some feminist theorists interpret female circumcision as a form of patriarchal control over women's bodies and sexuality. These Western feminist are the ones that labeled the practice as barbaric and have expressed their international support to banish it.

Feminist scholarship does not have a universal, uniform voice. Some scholars have propagated the need for Western feminists to save African women from genital mutilation, because they are oblivious of their oppression (Walker and Pratibha: 1993). Other feminist theorists have incorporated postcolonial theory for a more holistic, inclusive voice. By utilizing postcolonial theory, I am able to reveal the emic conversation that African intellectual women are having in regards to female circumcision. For Nigerian women's perspectives on female circumcision are as dynamic as the culture itself. Postcolonial theory is needed to provide a voice to the population being studied, instead of projecting Western ideas onto the topic of female circumcision. Postcolonial theory will also allow one to see how female circumcision is practiced for various ideological and social reasons. There are many factors that affect female circumcision practices, and postcolonial theory will help reveal the complexity of such factors. The discourse of feminist and postcolonial theories, as well as in African philosophy is multifaceted and evolving. Through my research on Yoruba practices I hope to add to the theoretical discourse of female circumcision.

### **Modernity and Habitus**

Technology, education, and economic development have been associated with modernity. Modernity can be described as “the use of fact and logic in the choice of instrumental behavior for the achievement of various identified goals” (Moore 1979:1). These goals include (Moore 1979:1):

- Increased economic production
- Overall improvement of health and life expectancy



- A reliable system of government
- An educated population
- Urbanization

Modernity is limited by cultural intangibles, including: ethical convictions, beliefs and values (Moore 1979:2). People live in communities, have a collective identity, and abide by cultural norms to coexist harmoniously. In order to integrate itself and develop in society, modernization must not clash with the collective cultural norms.

How do scholars discuss modernity from a non-Western voice and how does modernization affect African people? The idea of modernity in Africa is both dynamic and controversial, having different interpretations among scholars. “Modernization is defined as the process of rationalization<sup>1</sup> of social behavior and social organization” (Moore 1979:29). Cosmopolitan Africans have different definitions of the modern world that continues to shift as technology grows access to information increases.

In both *Readings in Modernity in Africa* and *Ethnography and Historical Imagination* (Comaroff and Comaroff 1999) the authors took a historical, ethnographic approach to discuss the topic of modernity, and drew from various ethnographies from a multi-vocal historic perspective. Comaroff and Comaroff described modernity as a hegemonic ideology stemming from neocolonialism. The anthology portrayed modernity as more of a dynamic ideology and process that is now spreading throughout the African continent. Modernity is rooted in technological expansion and Western ideology. But

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<sup>1</sup> Moore defines rationalization as the logic behind the behavior. (Moore 1979:1)

Africans have and continue to rebrand and modify the hegemonic ideology to best suit their needs.

Deep-rooted problems such as poverty, exploitation, economic inequalities and oppression in human societies unless it is underpinned and guided by some basic moral values; in the absence of the strict application of such values, technology can in fact create other problems, including environmental problems. Social transformation, which is an outstanding goal of the comprehensive use of technology, cannot be achieved unless technology moves under the aegis of basic human values. (Gyekye 1997: 42)

Instead of fighting against modernity, modern systems are being adapted for individual and societal benefits. Technology must be based in African values to help benefit society. For instance, in Ghana there are a group of people who live in Malshegu forest (Boakye 1998). They believe that ancestors and divinities walk through the forest, and some divinities are bound to particular trees. The Malshegu people were bombarded by outsiders, cutting down their sacred grove. People were cutting down these sacred trees for agricultural purposes, to spread their farms. The sacred grove of the Malshegu people, are now being protected by the people. The grove is untouched and all forms of farming of the revered lands are prohibited. It is illegal to now enter the lands of the sacred grove, unless during a ritual honoring the gods living in the grove. Although modernization and technological expansion caused the initial destruction of the Malshegu sacred grove, traditional values put a halt to the deforestation. This is a great example how tradition and cultural values had effect on the expansion of modernization.

Modernity and tradition are perceived as opposing, clashing constructs that are incapable of coexisting, yet every society is an amalgamation of the modern and traditional. Modernization “includes the expansion of education as a kind of universally accepted prescription for personal improvement and medical and public health facilities,

recognizing that health and longevity are also values that know no cultural boundaries” (Moore 1979: 30). Health is a universal concept that goes beyond culture; traditional medicines have been integrated with modern man-made pharmaceutical which shows how the traditional can exist within the same space as the modern, or be modified to stay relevant.

Modernization and access to technology does not negate the fact that people still believe in superstition or witchcraft. For instance, I was having a general conversation with a college educated young engineer and he told me a story about how he was at a party with a girl and she had epilepsy. She started having a seizure and everyone ran away. The reason why she had epilepsy was because her mom tried to frame someone for stealing something while she was pregnant. Everyone left the party, but he stayed to help her. He said he knew how to deal with her because when he was younger his mom helped an epileptic woman. When epileptic people have seizures you have to put a spoon in their mouth, but she did not have a spoon so she put her hand in her mouth. The lady bit his mom (in Nigeria if you are bit by a mad person or someone with a mental illness, people believe you will catch the same illness, or madness), but he saw his mother did not catch the disease so he was not afraid of the epileptic girl. I was telling him about modern medicine and how she should see a doctor, he replied that he never heard of such medicine and how she tried everything and nothing worked: she went to a traditional doctor and he told her to bathe in water that a lion just drunk from, which she did and she still was not cured. The universal concept of human health and what causes or threatens it can vary enormously from culture to culture.

I was talking to another young, college educated man and he was telling me about his mission in Northern Nigeria. He said he would go to towns in the north that are completely Muslim and preach the gospel. He would show a film on a screen about Jesus and start preaching. He said people would gather around and watch. He said a lady came, who happened to be blind, and they started praying for her and her eyes opened and she could see again. When people in the town heard about the miracle, everyone with an illness or disability started coming.

He said the Muslims were unhappy about the influx of people coming to their church service, so they tried to drive them out with witchcraft. First they sent bees to attack them, then they sent a heavy wind, then they sent stones. The stones were too much for many of them, so out of the 12 of the missionaries that were there, 7 left (including the driver). The ones that left later got in a car accident and many died. The ones that survived the accident are now posted in Maiduguri, a northern city that is one of the most dangerous cities in Nigeria, due to Boko haram's presence. The few that stayed camped out for the night. He said that in the middle of the night they were attacked again by huge python snakes. They kept praying and they turned back into humans. They used witchcraft to turn themselves into snakes but god revealed them as humans. Finally, they were able to establish a congregation in the location, after healing the local king who had a paralyzed arm.

Everyone I interacted with always talked about witchcraft; it was also present in the newspapers. I truly believe that Nollywood drives the belief in witchcraft. Some people watch Nollywood movies and they think that they are real, like documentaries or

the news. On previous trips to Nigeria, people talked a lot about witchcraft, but it was more present in everyday conversation. Especially money rituals, which happen to be in almost every Nollywood movie; people say that money rituals are used to get rich. I have heard numerous people in everyday conversation say, “If you are rich in Nigeria, you are either a corrupt politician or are doing money rituals” (Anonymous, Interview). Even scholars that are Western educated believe in witchcraft. Therefore, the belief in witchcraft it is not a matter of education or modernization. Witchcraft is also talked about frequently in churches and mosques. The belief of witchcraft in cities, among educated people, demonstrates the coexistence of ostensible ‘tradition’ with supposed ‘modernity’. There is not a simplistic definition of modernity that is satisfactory, it is culturally subjective, just as the line that separates the ‘traditional’ from the ‘modern’ are blurred.

There is an academic dialogue on ethnicity, stating that the awakening of ethnic consciousness and cultural distinctions create structural inequalities. Ethnic boundaries may or may not reflect this cultural subjectivity. However, ethnic boundaries are often inappropriately cited to account for what are social structural factors and may be used to fabricate social categories. Comaroff and Comaroff integrate Marxist theory into discourse regarding colonialism in Africa to describe how ethnic tension compounded during colonials administration. “Within the emergence of class formation in which positions in the division of labor are signified by the labels of ascribed status and cultural distinction, ethnicity becomes a dominant medium through which the social order is to be interpreted and navigated” (Comaroff and Comaroff 1992:59). They use the example of the Hutu-Tutsi creation and social division in Rwanda and Burundi and how the

administrators marginalized an entire population. According to Comaroff and Comaroff, through time and historical experience hegemonic forces have been able to colonize the consciousness of the colonized. In the present-day capitalist era, class formations have offered a shifting neocolonial consciousness. Hegemonic manipulation of ideology and consciousness has been utilized through the guise of modernity and progress.

In regards to female circumcision, the concept of modernity continues to affect the ancient practice. “There is a family of modernization theories that predicts, generally, that with increased urbanization, education, mass communication and economic development, traditional practices eventually would be abandoned” (Mackie 2000:270). But, there is evidence of the contrary. Women more actively perpetuate female circumcision than men for the fear their daughters will be unmarriageable, and won’t stop until the government guaranteed that the majority of girls were uncircumcised (Mackie 2000: 270-271). Peer pressure and conformity seem to outweigh the power of modernization (Hayford 2005). This supports hypothesis 3, social pressures for conformity constitute the primary factor keeping female circumcision practices alive. The power of social pressure asserts the notion that a cultural shift is needed to end female circumcision practices. Modernization is a factor in the shift of perceptions and practices of female circumcision, but it does not surpass culture. However, modernization does have an influence on culture. Therefore, hypothesis 2 (modernity is the driving factor influencing whether or not women undertake circumcision for their daughters) cannot be nullified, since modernity’s impact on culture may affect female circumcision. Culture is a strong determining element that affects all aspects of life including one’s habitus.

Habitus is the capacity of individuals to innovate cultural forms based on their personal histories and positions within the community (Bourdieu 1984). Habitus is deeply ingrained everyday habits, life experiences, and status within the community. One's habitus (personal experiences and positionality) have molded their beliefs, ideology and in turn their actions. Habitus affect people's actions in society; especially when put into the context of the African social sphere. Within the social sphere individuality is frowned upon and responsibility to your ancestors, culture, and community are the principal and most imperative part of being human. Habitus and one's sense of duty to society effect decision making, and cultivates one's ideology. The intricacies and complexities of the various factors involved in female circumcision practices, restate the importance of examining female circumcision from a philosophical, postcolonial perspective.

### **The Postcolonial Subaltern**

*"If I had not grown up in Nigeria, and if all I knew about Africa were from popular images, I too would think that Africa was a place of beautiful landscapes, beautiful animals, and incomprehensible people, fighting senseless wars, dying of poverty and AIDS, unable to speak for themselves and waiting to be saved by a kind, white foreigner."*

*- Chimamanda Ngozi Adichie (2009)*

Imperialist discourse has complicated issues of gender, tradition, and postcolonial expression. In the framework of universal human rights, does the subaltern have a right to speak or does female circumcision have to be viewed through an etic cultural lens? The subaltern has and continues to speak out on the topic of female circumcision via the intellectual, as Spivak would call for.

Yoruba religious scholar, Oyeronke Olajubu discusses Yoruba women's role in the religious sphere (2003). When addressing circumcision, she criticizes the international community, who does not rally against male circumcision as they do female circumcision; since male circumcision is a cultural norm in the West. "To the Yoruba, this practice is part of an individual's identity in the same way that his or her name is. The Yoruba therefore perform circumcision on the female as well as the male" (Olajubu 2003:99). Olajubu goes on to explain why international outcry regarding female circumcision has failed to produce anticipated results,

Because the people's reasons for the practice have been largely ignored or at best considered unworthy of serious attention. Insofar as respect for the people's explanation is disregarded, no meaningful changes would be possible, no matter how well intentioned those working for such a change may be (Olajubu 2003:99-100).

Olajubu's philosophy reflects Spivak's notion of the subaltern. Since postcolonial theory gives the subaltern a voice, it is essential that it is integrated into my theoretical framework.

Other scholars, such as Obioma Nnaemeka are furthering the dialogue of female circumcision, stating "we seek to engage the discourse of female circumcision and in the process (re)trace, expose, and map a long lineage of imperialist and colonial discourses" (2005:4). African women are rewriting their histories and traditions, while challenging colonial literature that has and continue to be written. Incorporating oral histories scholars are bring voice to their culture and history. "But they cannot simply reflect the point of view of the 'the people', they too are mediated by the scholar, the historian or the critic" (Loomba 2005:243). Loomba shows the difficulty of identifying the subaltern.



Homi Bhabha suggests that colonial discourses cannot smoothly ‘work’ ... In the very processes of their delivery, they are diluted and hybridised, so that the fixed identities that colonialism seeks to impose upon both the masters and the slaves are in fact rendered unstable. There is no neat binary opposition between the coloniser and the colonised—both are caught up in a complex reciprocity and colonial subjects can negotiate the cracks of dominant discourses in a variety of ways. (Loomba 2005: 193-194)

Although African women have been ‘hybridised’ as Bhabha would suggest, they are still children of the colonized and living within the grip of neocolonialism. Therefore, they are still representatives of the subaltern and they are still speaking. But the question, in turn becomes, who is listening?

Yoruba philosophy and African scholarly dialogue confirm the vital nature of the emic postcolonial perspective. Olajubu argues that the term ‘genital mutilation’ in itself is problematic since those practicing the tradition do not label it as such. If the Western (etic) community is using terminology that is offensive to cultural customs, there can be no intelligent discourse regarding the ancient tradition. Instead, female circumcision supporters and those who practice it may perceive the etic uproar as a form of imperialism.

### **Conclusion**

This background chapter provided the theoretical framework that is required to further the discussion of female circumcision practices among the Yoruba in Nigeria. Thus, understanding African philosophy, along with feminist and postcolonial discourse, are necessary when adding to the ongoing conversation of female circumcision. Anthropologists believe that it is essential to have some understanding of a culture’s

institutions and traditions before they are allowed to write an educated account of it (Hallen & Sodipo 1997:6). Although female circumcision practice has been simplified and generalized throughout the Western world circumcision is interwoven in ideas of religion, education, modernity, ethnicity, family, and location. The intricacy of overlapping factors cannot be simplified or analyzed individually. My own research and the confirmation of my hypotheses will provide another side of female circumcision among the Yoruba for academics, showing how multifaceted the issue is. After laying the historical and theoretical framework for the topic of female circumcision amongst the Yoruba, the next chapter will introduce my own methods, research, and analysis, which will further discuss the complexity of overlapping factors.

## CHAPTER FOUR: METHODS AND ANALYSIS

### Introduction

As noted in my background chapter, in sub-Saharan Africa, Christian women with higher education that live in urban areas and have a high socio-economic status are statistically less likely to have circumcised daughters. Nigeria is an exception, where the likelihood of having at least one daughter circumcised is greater among educated Christian, urban women (UNICEF 2005:9). Among the Yoruba these statistics are even higher. Therefore, hypothesis 1 focused on this anomaly. To understand the significance of the UNICEF statistics, I did fieldwork in Nigeria to gather my own data. My goal was to understand the philosophical and religious values behind female circumcision among the Yoruba population - essentially the logic behind it. My hypotheses and research questions affiliated include:

- **Hypothesis 1:** Educated Yoruba women are more likely to practice female circumcision because of cultural pressures that bind families to traditional practices, such as the fear that their daughter will be unmarriedable.

#### Research Question Affiliated:

1. Are educated women more likely to practice it and if so, why? My background research suggests that Yoruba philosophy and traditions may be at the root of such behavior.

- **Hypothesis 2:** Modernity is the driving factor influencing whether or not women undertake circumcision for their daughters.

Research Questions Affiliated:

1. How does the global anti-FGM (Female genital mutilation) perspective and movement impact Yoruba philosophy, regarding female circumcision? Since Nigeria is not cut off from the Western world, I discussed with scholars how the Western anti-FGM movement has impacted Yoruba circumcision practices.
2. How has modernization impacted tradition and culture in Nigeria?
3. Has the notion of modernization had any effect on female circumcision?

- **Hypothesis 3:** Social pressures for conformity constitute the primary factor keeping female circumcision practices alive.

Research Questions Affiliated:

1. Is a cultural, philosophical, shift required to end female circumcision practices?
2. Is culture more powerful than education and sense of duty to family?
3. How are values reflected in gender power relationships?
4. Is there a fear that by opting out of this ritual (going against the collective), one is hurting their daughter's future:
  - a. Will she be socially ostracized? Will she be able to get married? Will she be rejected by her husband

### **Project Design: Methodology**

I employed LeCompte and Schensul's ethnographic methodology to use "open-ended methods that allow investigators and others to gather information identifying the source of the problem, rather than assuming that it is known from the start" (1999: 33). During fieldwork, I encountered the complexity of ethnography, for societies are heterogeneous with variant perspectives and opinions. Yoruba sentiments towards female circumcision are multilayered, as the ethnographer I used minimal interpretation to unpack the complexities and present it for both African, as well as Western audiences. Ethnography is essentially interpretation and an appropriate tool to avoid misconstruing the actors' narratives, while understanding a particular cultural system. By involving the voices of the people being studied I remain culturally relative and avoid generalized schemes that clump populations, particularly in such a rich and diverse context as among the Yoruba.

I use both qualitative and quantitative methods to further my research. My research methods include: interviewing Nigerian scholars and intellectuals, non-governmental organization workers, and acquiring archival data. Through the interviews and data acquisition, I gained insight into female circumcision from an emic, philosophical and religious viewpoint. Ultimately, I ended up with a two-phase project: phase one was the accession of statistical data; phase two was the in-depth interviews. The majority of my interviewees are scholars and experts in the field of female circumcision, and such experts heavily rely on their own quantitative and qualitative data. When triangulating the data to confirm its' accuracy, I discovered some discordance

between the UNICEF statistics and my interviewees. As a result my research became a negative case; since I discovered the data that represented the 'emic' perspective contradicted the data that reflects the 'etic' perspective. Negative evidence "are facts that appear to disconfirm what the ethnographer has already found" (LeCompte & Schensul 1999:11). Finding such negative evidence requires the recursive process of constantly refining questioning, looking for more complete answers, and reformulating initial hypotheses (LeCompte & Schensul 1999:11). Reformulation then led to later develop hypotheses 3 (Social pressures and conformity is the primary factor keeping female circumcision practices alive).

### **Scope/Limitations**

Before going to the field I had to consider the scope of my project, and the limitations I would face. I knew I would be based in Ilorin, one of the largest cities in Nigeria and the capital of Kwara State. It is a diverse city with many different ethnic groups including: Hausa, Fulani, Nupe, Barbuba, other Nigerian ethnic groups, and foreign nationals. Although it is an ethnically diverse city, the majority of the population is Yoruba. I chose Ilorin because it is also known as the 'city of scholars', having four prominent universities, numerous colleges and technical schools. The educated, liberal city is the ideal setting to have access to Nigerian intellectuals and religious scholars. The major limitation is that one city does not encompass all of Yorubaland and despite the diversity of Yoruba peoples living in Ilorin, it will limit the scope of my research. Furthermore, by doing research exclusively in an urban setting, I am also limiting the populations being analyzed.

Another limitation is that I am exclusively interviewing scholars and intellectuals; therefore, I will not acquire the general populations' viewpoints. Being focused on Yoruba ideology and that specific population, I do not include other ethnic group's perspectives. However, by focusing on intellectual perspectives, I limit the possible impact and implications to more disadvantaged populations. Furthermore, by interviewing intellectuals I also reduce the possible power imbalances that would be brought to the research by my positionality as a university student. But, this is a statistically relevant population since they are the educated, urban, Yoruba demographic that I referred to earlier.

As noted, due to the increase in violence, mobility and access were limited. Below is an excerpt from my fieldwork journal, describing the daily life and problems I faced:

Between the violence in the North and the armed robbers, this has become a country of unrest. The day before yesterday, 48 people were killed in Plateau state, where a lot of my own family live. The northern states have been declared a state of emergency and no foreigners should enter. The Boko Haram people are at war with the Nigerian military in the far Northeast.

There are more young people graduating from college and receiving their Master's Degree. But what is there post-graduation? Nothing! No work. No jobs. No government incentives. Unlike the Western world, nobody is here to bail out Nigeria, or Africa, during this global recession. These

educated kids and young people are the ones that have become the armed robbers. No jobs, highly educated, with families to support. There is no welfare, food stamps, or government assistance. The unemployment rate continues to rise. The armed robbery crisis in Nigeria is quite serious. These kids take rich government workers, or anyone they believe to have money, hostage for millions of Naira. I have noticed, this trend has even been reflected in Nollywood. Almost every movie I have seen on TV has armed robbers within the plot.

But I do have hope. I see numerous Nigerians who have attended universities in the U.S., U.K., and around the world returning home. Most of them that I have talked to came back because they want to make a change. They believe that Africa is the future and they want to be at the forefront of the new Africa.

In regards to my own research, I wonder how many Nigerians would care or consider it significant, besides the elite intellectuals. When the country is in turmoil: with violence, political corruption, and high unemployment. Who cares about traditional rituals and cultural preservation, just the intellectuals?



I hope my research will be part of Nigeria's cultural history. I believe that my research is crucial, especially at times like this, when culture and tradition is being blurred out by the outcry from conflict and globalization.

(Entry 2: 6.30.2013)

Being in Nigeria from June 2013 through August 2013, I was worried not only for my safety but for the timeliness of my project. Having been to Nigeria numerous times previously I never feared for my safety, instead, I thought it was the safest country. Northern Nigeria, which was once a place where crime was rarely heard of became a site of terrorism, and a State of Emergency was declared by President Goodluck Jonathan. Due to the limited access, I had to readjust my methods and methodology.

### **Fieldwork: Methods, Ethics, and Theory**

Before going to the field, I was able to establish a connection with Professor Olademo, whom I previously discussed in the methods chapter, and referenced her book *Women in the Yoruba Religious Sphere* in the background chapter. Professor Olademo granted me entrée into the University of Ilorin which included access to the library and key informants.



**Figure 9: Photo taken during fieldwork: University of Ilorin**

From my experience, within Nigerian society everything is based on an established personal network; you cannot get anything accomplished without having connections. Professor Olademo gave me entrée to the Obafemi Awolowo University in Ife. Through her recommendation I was able to meet Professor Oladosu, who introduced me to the Ife community. I quickly identified Professor Oladosu as my key informant, since his specialization is on female circumcision among the Yoruba. My fieldwork developed through a snowball effect, my informants assisted me in locating additional people to interview. Without Professor Oladosu, I would have not been able to conduct the interviews. My American accent and physical appearance marks me as an outsider, so people would not have initially talked to me. Once my informants got to know me and

learned that my father is Yagba (Yoruba) from Kogi state, my status changed to more of an insider, which allowed me an emic view. The following were my methods in the field.

- Conducted in-depth interviews with: 5 Nigerian scholars and intellectuals, 2 non-governmental organization workers, 1 Traditional Herbalist, 1 Babalawo (Ifa Priest), 1 young missionary, and 2 nurses
- Conducted informal interviews from 7 educated young adults.
- Obtained Archival Materials primary sources from the libraries of both the University of Ilorin library and Obafemi Awolowo University library in Ife.

All of my in-depth interviewees are people who are female circumcision experts; their profession revolves around the topic of female circumcision. My interviews have been coded to provide anonymity and follow Internal Review Board protocol.

After getting approval from the Internal Review Board (IRB) at the University, I obtained oral or written consent and fully divulged the research objectives to all participants (See Appendix A and Appendix B). By immediately coding my information, complete confidentiality was ensured. To minimize risk, personal questions regarding private experiences of female circumcision were not asked. But, if informants were keen on telling their story, the testimonies were collected with a full understanding and disclosure that the material is being used academically.

The theory I employed, which is further explored in the theoretical background chapter, includes: feminist theory, postcolonial theory, and African philosophy. Feminist theorists interpret female circumcision as a form of patriarchal control over women's

bodies and sexuality (Escobar and Hartcourt 2003; Ong 1988). According to Aihwa Ong, the problematic nature of feminist theory is that scholars apply Western historical schemes to understand gender dynamics in non-Western societies (1988:79). Feminist discourse, in which Western women employ as a method to talk about non-Western women in the world, is essentially colonial discourse (Olajubu 2003). Personal experiences, history and positionality form perspectives. Due to personal history and cultural context, different people have different perspectives. Therefore, the collective memory, personal history, and the guilt the Western world has with female circumcision are imposed on nonwestern societies that have a completely different cultural practice and collective history. UNICEF, along with other organizations classifies any practice of female circumcision as an act against women, as an act of misogyny. Women are victims, women have no agency. Yes, that was true in regard to the practice of female circumcision in the West that is their history. But that is not true for all women in Africa.

Instead of utilizing feminism, I found postcolonial theory and African philosophy more helpful when developing hypotheses and research questions. Since this research project is more concerned with the emic perspective, postcolonial theory was imperative (Dube 2001; Spivak: 2010); Yoruba perspectives on female circumcision are not homogenous. Postcolonial theory challenges feminist discourse and the problematic concept of universality. I find African philosophy to be a necessary theoretical framework for discussing culture and female circumcision, since African religious philosophy and culture are indivisible (Mbiti: 1991). If the Western (etic) community is using terminology that is offensive to cultural customs, there can be no intelligent

discourse regarding tradition (Olajubu 2003). Instead, female circumcision supporters and those who practice it may perceive the etic uproar as a form of imperialism. Therefore, when structuring this research project postcolonial theory and African philosophy established the theoretical foundation.

### **Where Does the Data Come From?**

My initial hypothesis revolved around the anomaly that UNICEF reported that stated that educated Yoruba women are more likely to practice female circumcision. Research questions were developed out of statistics that both government and nongovernmental organizations have compiled. Where do these percentages actually come from? Only 12 African countries have held a census in the past 10 years (Melamed: 2014), and some Nigerians houses do not have formal addresses. According to the Guardian, these statistics are estimates, there is no actual data supporting them (Melamed: 2014).

I interviewed two nurses, for confidentiality purposes I will refer to them as nurse one and nurse two. Nurse one is in her mid-forties and created a mobile geriatrics NGO for the rural elderly population; nurse two is a retired elder. Nurse one travels and works within rural communities and said that few uneducated rural women still practice circumcision. Both nurses declared female circumcision as a banned practice in hospitals. Decades ago, nurse two was formerly the head nurse of all the hospitals in Nigeria. Nurse two said that as head nurse she did not allow female circumcision to occur at any of her hospitals. They disagreed with Hypothesis 1 (educated Yoruba women are more likely to practice female circumcision because of cultural pressures that bind families to traditional

practices, such as the fear that their daughter will be unmarriageable). These two nurses illustrated the conflicting data between the emic and etic, in which I had to navigate through and come to my own consensus.

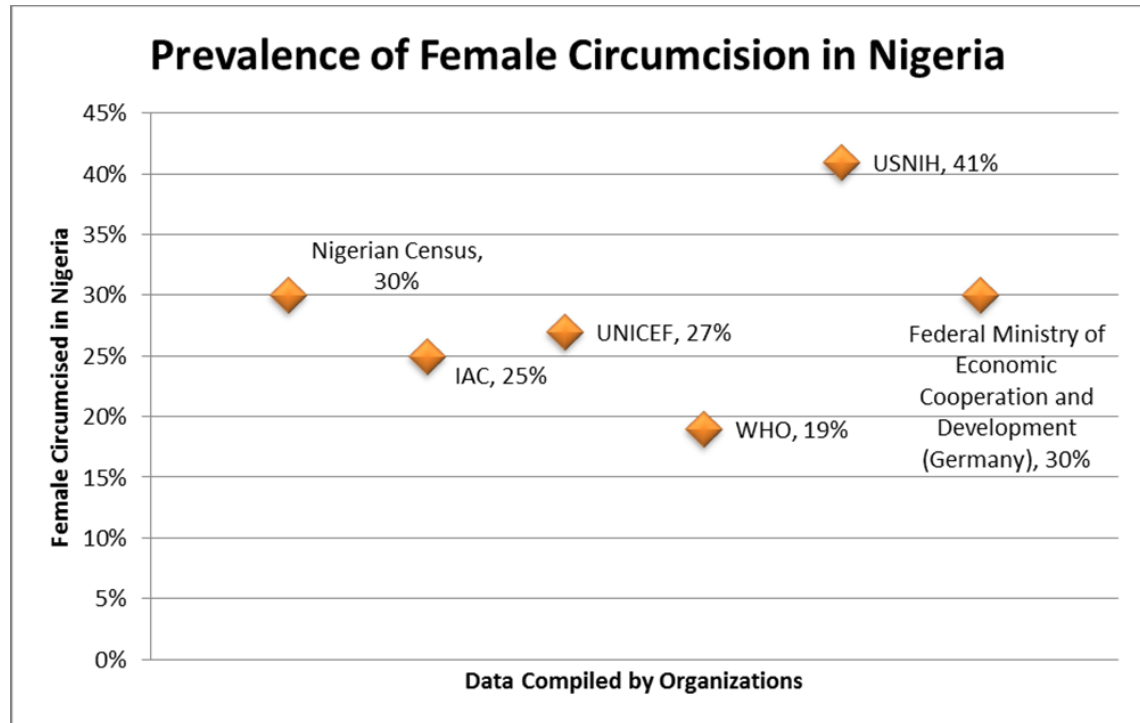
During an in-depth interview, one scholar stated that the UNICEF data is inaccurate, and she questioned how they conducted their data acquisition. She says that female circumcision is an old practice that nobody does anymore. She believes it to be illegal in the country of Nigeria. She says that people who circumcise their daughters are not educated, and maybe just have primary school education. She also says that circumcision was her grandmothers' generation. "Women don't do it anymore, especially among the Yoruba, since they are so highly educated" (Scholar OO, Interview).

The *Oloola* are the traditional practitioners of female circumcision, they reside in rural areas and everyone knows them within the circumcision community. The circumcision community is a very close group and everyone knows each other, they have to keep it secretive since it is illegal in Nigeria. So how would educated women within cities practice it, where would they go (Scholar OO Interview)? You cannot go to hospitals or medical places and ask to circumcise your daughter, you will be arrested. Therefore, the only people who know the *Oloola* are those within the rural village that are within the circle of people who circumcise.

I was told to throw out my UNICEF data, because the statistics were incorrect. The UNICEF survey in Chapter 2 shows percentages, but does not provide actual numbers/individuals (N), how many people were actually sampled. Therefore, the statistics cannot be challenged and can only be taken at face value. To find out the

accuracy of the statistics in the media, I gathered the percentages and compared them.

The scatter chart below, illustrates the fluctuation of information based on the source.

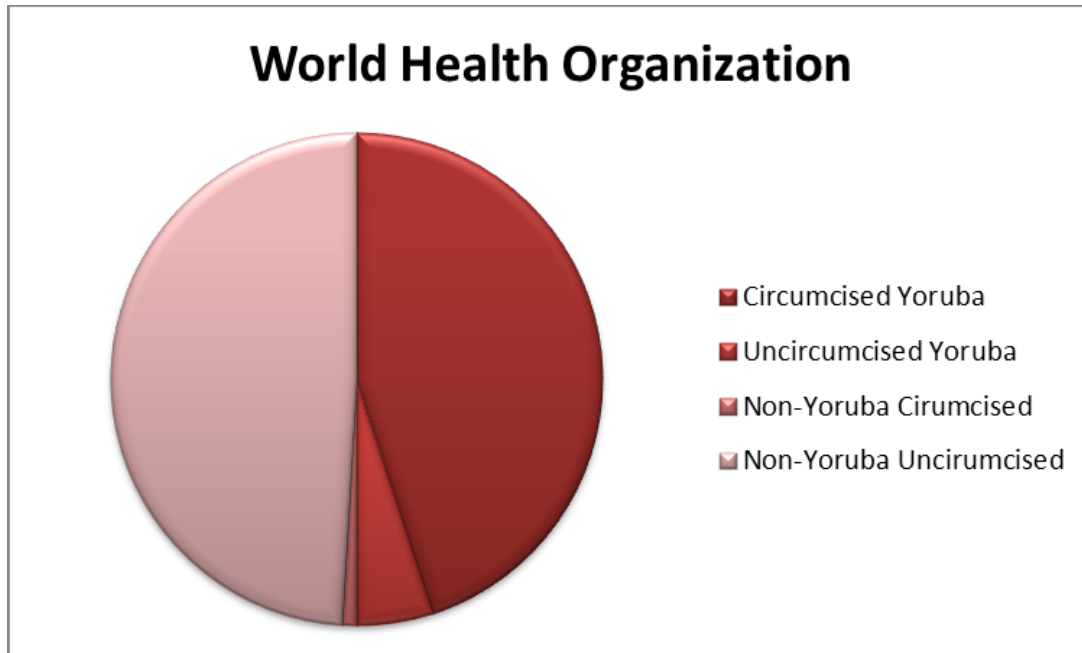


**Table 4: Prevalence of Female Circumcision in Nigeria**

Reported percentages of females that have been circumcised in Nigeria. \*Nigerian Census (Nigeria Demographic and Health Survey), IAC (Inter-Africa Committee, UNICEF (The United Nations Children's Fund), WHO (World Health Organization), USNIH (United States National Institute of Health)

The prevalence of females that have been circumcised in Nigeria ranges from the World Health Organization's 19% to the United States National Institute of Health 41%. This fluctuation shows the inconsistencies of data. To understand the difference between the data, I had to compare the numbers. Since this research study is on the Yoruba, I wanted to compare Nigerian scholarly data (emic) with Western data (etic). I chose to use the World Health Organization's (WHO) statistics since they were the highest amongst all of

the other statistics, and they are one of the most prominent organizations that have influenced policy and funding to end female genital mutilation.



**Table 5: WHO Pie Chart Representing Yoruba vs Non-Yoruba Circumcision Participation in Nigeria**

The WHO document did not provide actual data or sample size only percentages, such as "90% of the Yoruba ethnic group who live in south-west Nigeria practice female genital mutilation" (17-19 July 1995). This pie chart above displays the WHO's data.

I needed to compare the WHO's data to a Nigerian academic's data. Since the WHO did not provide any actual data, I had to compare the frequency with collected data from a Nigerian scholar.

At the University of Ilorin's library archives, I was able to obtain numerous publications on female circumcision. One of my acquisitions was a thesis entitled, "Attitude Towards the Practice of Female Circumcision: A Study of Women in Ilorin Metropolis" by M.O. Lawrence. (1999). It states that it is a research project submitted to



the University of Ilorin faculty of education for in partial fulfillment of the requirement for the award of master's degree in educational guidance and counselling. The abstract states:

Descriptive survey using purposively selected sample of 400 women. Used t-test statistics to find significant difference between the attitudes of women based on the variable of: marital status, length of time married, education status, and circumcision status. Median score was used in classifying the respondents' attitudes as positive or negative. Results indicated that respondents attitude towards female circumcision were generally negative. There was no significant difference in the attitudes regarding religion. (Lawrence 1999:x)

Below is a chart describing the demographic of Lawrence's participant sample:

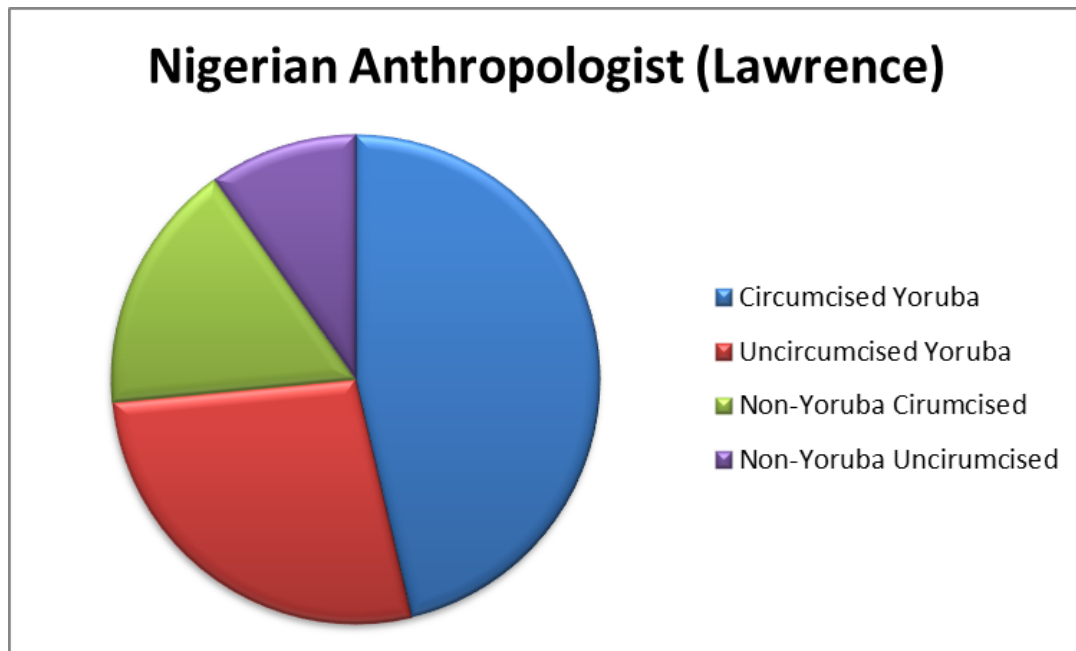
<b>Table 6: Demographic of the 400 Ilorin female participants of study: (All of the women had at least one daughter that had been circumcised)</b>	
<b>Marital Status:</b>	
<b>Married</b>	68.8%
<b>Unmarried</b>	35.3%
<b>Age:</b>	
<b>18 – 30 years</b>	45.5%
<b>31 – 50 years</b>	44.8%
<b>Over 50 years</b>	9.8%
<b>Ethnic Group:</b>	
<b>Hausa</b>	10%
<b>Igbo</b>	9.8%
<b>Yoruba</b>	73.5%
<b>Other</b>	6.8%
<b>Education Level:</b>	
<b>Literate</b>	56.5%
<b>Illiterate</b>	43.5%
<b>Religion:</b>	
<b>Christianity</b>	61.5%
<b>Islam</b>	28.3%
<b>African Traditional Religion</b>	9.3%
<b>Other</b>	1%
<b>Number of Female Children by Respondents:</b>	
<b>1</b>	46.5%
<b>2</b>	33.5%
<b>3</b>	12.5%
<b>4</b>	6.3%
<b>5</b>	0.8%
<b>6</b>	0.3%
<b>7</b>	0.3%
<b>Are they circumcised:</b>	
<b>No</b>	37
<b>Yes</b>	63

Lawrence concluded that:

1. Attitudes towards female circumcision were negative
2. No difference of attitudes regarding religion

3. Attitude of married female towards female circumcision were not significantly different from unmarried females.
4. Attitudes of female circumcision was not significant based on ethnic group
5. Attitudes of female circumcision was not significantly different regarding literacy
6. Attitudes of female circumcision were not significant from uncircumcised women.

Although 63% of the participants were circumcised themselves, 75.3% revealed that their husband, mother, or father insisted on having their daughter(s) be circumcised, 24.7% said that it was other family members that insisted on the circumcision (Lawrence 1999:61). Lawrence's thesis proclaims that the biggest factor affecting female circumcision practices is family. His proclamation supports hypothesis 3, that social pressures for conformity constitute the primary factor keeping female circumcision practices alive.



**Table 7:** Above is a pie chart illustrating Lawrence's data.

Lawrence provided actual data, explained how the data was acquired, and collected the data in the same region and time period as the WHO's statistics. Therefore, I found a Chi Square test would be appropriate for these two sets of data. I performed a Chi Square Test of Independence because it allowed me to see if there is a significant relationship between two categorical variables. The frequency of one variable is compared to the second variable. I used Lawrence's data set as the observed population, since it was physically collected by him and the World Health Organization's frequencies as the comparison. I used Microsoft Excel to conduct the Chi Squared Test. Below are my hypotheses:

- *Null Hypothesis ( $H_0$ )* = There is no difference between the statistics provided by Nigerian scholar Lawrence and the World Health Organization.

- *Alternative Hypothesis ( $H_1$ )* = There is a significant difference between the statistics provided by Nigerian scholar Lawrence and the World Health Organization.

Table 8: Chi Squared Test	Nigerian Scholar Lawrence (Observed)	WHO (Comparison)
Circumcised Yoruba	185.22	0.9
Uncircumcised Yoruba	108.78	0.1
Non-Yoruba Circumcised	66.78	0.019
Non-Yoruba Uncircumcised	39.22	0.981
Totals	400	2
	Degrees of freedom =	3
	Critical Value of .001=	16.266
	X Squared=	1181.83

The value of Chi Squared (1181.83) is higher than the critical value of chi squared (16.27) at an alpha of .001, with 3 degrees of freedom; therefore, the null hypothesis must be rejected in favor of the alternative hypothesis. There is a very highly significant difference (99.99%) between the statistics provided by Nigerian scholar Lawrence and the World Health Organization. After finding this statistical difference, I tried to figure out where and how the WHO acquired their data. The website noted that it was received from various organizations and gave no specific sources. One possible conclusion is that

if the data was compiled by organizations that were receiving funding to end female genital mutilation, it could have been manipulated to show a high prevalence in order to receive more funding. Another possible conclusion is that Lawrence targeted his sampled population to acquire certain results (Pelto and Pelto: 1999).

This contradiction between the emic and etic data is problematic for NGOs and people working in the field of female circumcision. Without consistent data it is impossible to understand the reality of modern day female circumcision practices. If the data provided by outside organizations (the etic) is different from Nigerian academics (the emic), it then questions the purpose of foreign organizations. Such inconsistencies could be viewed as cultural imperialism (which is further discussed in Chapter 3) and have detrimental effects on Foreign NGOs; they could be seen as having antagonistic motives. Being seen negatively is counterproductive for Western NGOs, especially while attempting to end an ancient, cultural ritual. These discrepancies encourage further data to be collected and additional research to be done. It also confirms the complexity of the topic of female circumcision; even the quantitative data is heterogeneous.

### **Introduction of Factors**

Female circumcision is a ritual and tradition with intricate rationales supporting the practice. Although the practice has been simplified and globally criticized circumcision is entrenched in ideas of:

1. Religion
2. Education
3. Modernity

4. Other factors: ethnicity, family, and location.

Female circumcision must be analyzed through a Yoruba philosophical and cultural lens, to understand the social role it has in society. Examining the symbolic values and the philosophic system of beliefs will provide the cultural foundation of female circumcision among the Yoruba. To recap, my hypotheses are:

- **Hypothesis 1:** Educated Yoruba women are more likely to practice female circumcision because of cultural pressures that bind families to traditional practices, such as the fear that their daughter will be unmarriageable.
- **Hypothesis 2:** Modernity is the driving factor of cultural change and the practice of female circumcision.
- **Hypothesis 3:** Social pressures for conformity constitute the primary factor keeping female circumcision practices alive.

Understanding the cultural relevance of female circumcision will further confirm or negate my hypotheses. The following are the factors that affect female circumcision practices.

## Ifa and Circumcision



**Figure 1: Photo taken during fieldwork: Truck with "The Work of God" written on the side. Many vehicles will have something about god written on it.**

African philosophy and traditional religion are imbedded in the identity and society at large, therefore circumcision practices must be inclusive of such discourse. My background research suggests that Yoruba philosophy may be at the root of circumcision practices (Idowu 1962; Gbadegasin 1998; Mbiti 1991 Olajubu 2003).

Yoruba Philosophy manifests itself in every aspect of life: politics, economy, medical, education, they are all tied up within the religiosity or spirituality. To them, whether circumcision or anything at all can be located within their worldview. The worldview that oh look, we are here,



we are Africans, we have been living with this traditions... It is hard to break with the old tradition, it is difficult. And I can also substantiate that using some other things, for instance, I think you must of heard of Osun festival or any other festival. I did my doctoral work on Oshogbo where Osun is located... I studied it for about 12 years. Anytime I was at Osun grove at Osun annual festival, I would see these people, they are right inside Osun, And I'd look at somebody, is this person a Christian or a Muslim or a Traditionalist? They say well, I'm a Christian. I refuse to do this for a couple of years. I was finding myself in trouble. I was having headache. I was finding myself uncomfortable so I have to come for this particular festival. This is a Christian... If you're a Christian, as long as you're not bowing down to Shango, or Ogun, or Oya. Some of these other things are cultural. They are our tradition (Scholar DO, Interview).

Thus, Ifa (Yoruba traditional religion) must be a major factor that impacts circumcision practices among the Yoruba.

Ifa specifies individuals' roles in society, (Babalawo Interview) and women are considered powerful spiritual beings in the context of traditional religion. Women are the caretakers of family and values, they provide hospitality, and they are the main keepers of traditional values (Babalawo Interview). Women have powers that men do not, these powers reside mostly in the spiritual realm because women menstruate and have the power of childbirth (Babalawo Interview). Men embody physical power because they are

the providers of goods and wellbeing for the family, while women embody spiritual power. Some examples include:

- 1) An Ifayin (Yoruba priestess) has to be present for certain divinations and ceremonies to happen (e.g., a Babalowo (Yoruba priest)) cannot enter certain spiritual realms without a woman, since women are essentially the gatekeepers of this realm (Babalawo Interview).
- 2) Women are in charge of the security of the Oba<sup>2</sup> (king).
- 3) Midwives and nurses are associated with witchcraft (Babalawo Interview).

The Ifa Corpus is a divination system that defines the moral and social roles of people in society.

Ifá is a divination system practised by highly trained specialists in the Yorùbá-speaking areas of West Africa. The geomantic system of sixteen signs from which a total of 256 figures ... But the remarkable corpus of poetry attached to the geomantic system is peculiar to Yorùbá culture. During a divination session the diviner manipulates his instruments to yield one or more figures, and then recites and interprets one or more of the large body of verses attached to that figure. The extent of the total corpus is unknown, but it is certain that it runs to thousands of verses. All the verses share the same basic structure. Each narrates an antecedent divination session performed by a legendary or primordial diviner for a client whose subsequent fortunes are then narrated. The rigid structure of each verse and of the system as a whole does not prevent adaptation and incorporation of new elements. This corpus of verses has absorbed elements of almost all Yorùbá oral genres and is widely regarded as the authoritative summation of Yorùbá philosophy. It offers reflections upon time, destiny, causation and human agency (Barber 2005).

The Ifa Corpus states that the Supreme Being (Olodumare) endowed women with power over men, and “were instructed not to use the power indiscriminately” (Opeola 1994:121).

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<sup>2</sup> Although Nigeria is a democratic country, the chieftaincy system is still relevant. The Oba (king) is a cultural figure, important for religious and/or cultural ceremony.

Women in Ifa are considered the wives of Orunmila, equivalent to first ladies in the Christian church. At every 55 days. Must clean where the location Ifa is practiced every 55 days, provide hospitality, and must take care of people.

Women are the caretakers, trainers, providers of values. For the men of Ifa, men must work for the family and children, cannot be too bossy, have to take care of their wife and children. They cannot beat their wives and must learn to how to reason and cooperate with their wives. If a man cannot provide sexually, emotionally, economically then their wives can find a man that does (Babalawo Interview).

These power positions that Yoruba women are associated with negate the feminist ideology of African women as victims and powerless in a patriarchal society. Yoruba women have agency in negotiating power and gender relations, and according to Ifa, they control the spiritual realm, which gives them power in society.

Ifa practitioners tend to worship one particular Orisa (that is, a spirit, a deity) that works as their personal guardian or protector. Each Orisa has a different personality, is specialized in guarding against specific evils and likes to be appeased in specific ways. So practitioners must give specific offerings and perform specific rituals to appease their Orisa. For example, Ogun is the Orisa of Iron; all of those who work with Iron or have a strong affiliation with Iron are worshipers of Ogun. There are seven different Oguns (Traditional Herbalist Interview). Ogun-Ikola is Ogun the circumciser; Ikola literally means circumcision and tattooing. The following is a myth describing the origins of circumcision in Ifa.

God put Ogun and a woman, Olure, on earth but Olure wanted to travel there alone. She set out and came to a large tree that had fallen across the path. She returned to God (Qlorun) and asked him to have Ogun cut the tree. While he was chopping the tree, Olure was sitting nearby with her legs apart. A piece of wood flew up and accidentally lodged in her vagina. When the path was cleared, she continued on her way but the wood caused so much pain that she returned to Qlorun and Ogun and asked that it be removed. Ogun asked if she would marry him and she accepted. If he had been more patient, it would have been women who asked men to marry them. Ogun removed the piece of wood. A scar remained and this was the origin of excision.... Ogun had sex with Olure but because his sperm did not come out quickly enough, he cut the foreskin of his penis, and this was the origin of circumcision. (Verger 1957:144)

For those who venerate Ogun, before a child can be named they must have the Ikola ritual performed on them. According to the *Ogunde Meji copus* and the *Oyeku Meji copus* (from the Ifa Copus), children must be circumcised for Ogun in a specific ritual (Babalawo Interview). During an interview with a Babalawo he states:

Ifa divination talks about circumcision in many ways but Ogun serves to be the author of circumcision. When you look at the rite of passage in Yoruba tradition, you see the naming ceremony as the most important. Before a child can be given any name there must be a divination, the particular Odu will dictate what will be done. After the instructions of the Odu, Ogun must be recognized because Ogun belongs to that profession. Ogun is the head of that profession.

He then recites the *Ogunde Meji Copus*:

Ogunde meji is about a woman that is about to give birth to a child. She is longing for the fruit of the womb and she has to go to Orunmila (He's the diviner). After Orunmila does the divination he says twins (male and female) will be given to her, but after they are born they must be circumcised. Ogun is the practitioner of circumcision. For what Ogun has given the lady he must forever be recognized (Babalawo Interview).

The Ikola ritual includes circumcision to be performed for male newborns on their seventh day and female newborns on the ninth day (Scholar DO Interview; Professor OAO Interview). If there are twins, one male and one female, then the Ikola ritual will be performed on the eighth day (Scholar DO Interview; Professor OAO Interview). The Ikola is performed by an *Oloola*, a practitioner whose knowledge of this ritual is passed within a family (Professor OAO Interview). The Ikola ritual is extremely sacred and continues to be practiced not only for the benefit of Ogun, but also, as a tradition that is affiliated with specific families and ethnic groups (Professor OAO Interview).

The *Oloola* are found mainly in rural areas and everyone knows them within the circumcision community. While male circumcision is legal and can be practiced in the open, female circumcision is now illegal [Violence Against Persons (Prohibition) Act (VAPP) Article 6], thus driving the community that performs female circumcision underground and giving a secretive character to the rituals (Scholar DO Interview; NGO President Interview). One NGO has created programs to retrain the *Oloola* so they no longer perform the Ikola, and can find work in a different field (NGO President

Interview). Socially people who are not circumcised are either poor or ‘civilized’ (completely Western educated, lack of cultural knowledge). The ritual for the male is called *ado do*, where the *Oloola*, covers the penis before circumcision (Traditional Herbalist Interview).

For the case of female circumcision, since the clitoris is perceived as having power, it is ritualistically difficult to perform (Professor OAO Interview). It must be discarded in a certain procedure. For instance, it would be taboo for a dog to touch or eat the clitoris because a dog is affiliated with Ogun (Babalawo Interview; Traditional Herbalist Interview; Professor OAO Interview). The only other difference between male and female circumcision is the animal used in the ceremony: the tortoise is used for females and snails for male (Babalawo Interview). These animals are important and sacred in Ifa. For, the fluid from the snail *Ero* is conceived as preventing any surgical issues. By using the *Ero* on the boy being circumcised, it is believed there will be no surgical problems (Scholar OO Interview). For males, they are said to be circumcised for health reasons. One health reason given was that the sperm will not come out is directly without circumcision, which was directly from the Ifa circumcision origin story (Traditional Herbalist Interview). Another perspective is that an *Eta* insect will painfully lodge itself into the foreskin of the penis and circumcision is out of prevention and necessity (Professor OAO; Scholar OO Interview). Finally, the latest belief is that male circumcision prevents HIV/AIDS, which numerous institutions (such as the WHO) are currently attempting prove (NGO President Interview; NGO Scholar Interview).

Nigeria continues to be ranked within the top ten countries in the world with the highest infant mortality rate (CIA:2014). In a culture where things are explained through religion and the supernatural, rituals and philosophy are used by the Yoruba to understand why Nigeria has such a high infant mortality rate. In the case of female circumcision, people believe that the clitoris is powerful and aggressive and if it touches the head of a baby during birth, the newborn will die (Traditional Herbalist Interview). These examples show how Yoruba female circumcision practices are directly from Ifa religion and philosophy.

In Ifa, circumcision is a ritualistic practice viewed through heterogeneous perspectives. Yoruba philosophy describes circumcision as a way to make sex more enjoyable (Ogunbile Interview); many Yoruba practitioners still believe that the clitoris must be sacrificed to save the girls future children; others believe that both males and females will become promiscuous without being circumcised (Scholar DO Interview). These ideological factors show the impact that African philosophy and religion have on female circumcision. The idea of promiscuity is a newer perspective through the influence on Christianity, Islam and the Western ideology (Scholar OO).

## Christianity and Islam



Figure 11: Photo taken during fieldwork: University of Ilorin campus Mosque

Within Christianity and Islam male circumcision is regarded as ‘natural’ and obligatory, which is the general perception throughout Nigeria. Since the Quran and the Bible do not require female circumcision, it is not seen as a favorable ritual. Instead, it is seen as a custom that is continued out of fear of cultural, social, and religious consequences. As noted in the theoretical background chapter, African religion is fluid, so a hybridity of religions or those practicing multiple religions are not viewed as contradictory. Ifa is viewed more as a cultural custom and spiritual ideology, then a religion. It is culturally typical for a devoted Yoruba Christian and/or Muslim to go to church on Sunday or the mosque on Friday and then consult with a *Babalawo* for their own personal problems. After talking to multiple young adults in Nigeria from 17-30s, it



is apparent to me that culture is still most important to them, above Westernization and everything else. During conversations, every other sentence has a mention of god. I say, “thank you for the food”, their reply, “don’t thank me, thank god”. Or “god helped me (provided me) with a safe trip to Kaduna”. Everyone is extremely religious but at the same time culture rules above Islam and Christianity.

Within Christianity some denominations are more flexible than others. For instance, Pentecostals is the largest growing denomination within Africa because it allows for integration of traditional religious practices. As long as a Christian is not physically praying to an Orisa, all other Ifa rituals and philosophy can be observed and integrated into individual practice (Scholar DO Interview). Other denominations such as Jehovah’s Witnesses and Anglican Church are more rigid and do not allow for any cultural preservation. The general idea that Westernization brings freedom in the form of Christianity is an incorrect assumption. In fact it can be the opposite; Christianity is taking away freedom by imposing Western gender roles and philosophies of marriage. For Christians that circumcise their daughters, numerous of them said that they have to for the women’s protection. They believe that women cannot control their own sexuality; consequently, they have to be circumcised. I asked the same question, in regards to men being circumcised. For men, it is in the Bible and ‘natural’ for men to be promiscuous (Professor OAO Interview). These comments were from highly educated Christian scholars demonstrate how Christianity has taken away women’s sexual agency.

As noted in my historical background chapter, Yoruba women have control over their bodies and sexuality. According to Ifa, husbands are meant to provide their wives in

all areas of marriage and if they lack in any single aspect, the wife can find another husband to provide for her. Christianity has altered the roles, stating that women must obey and serve their husbands. In an interview with a young educated engineer, he was telling me a story about how you have to choose your spouse wisely. He said that his sister's husband beats her all the time, sometimes very severely. In response, I stated that according to Ifa and Yoruba culture a man cannot beat his wife and her father must take his daughter and dowry back. He told me that their families cannot interfere because they are Christian and that is "her cross to bear" (Anonymous Interview). Whereas Western society portrays Christianity as a liberating religion, such examples, show the opposite, Christianity is taking away women's rights and societal roles.

Religion and philosophical understandings define individual and gender roles, including rites and rituals. If female circumcision is rooted in religion or philosophy, then it is a major factor that must be addressed. Consulting with religious leaders would be constructive, since they are the pillars of the community and could better mobilize against female circumcision rituals. Hypothesis 3 states that social pressures for conformity constitute the primary factor keeping female circumcision practices alive. Education has been the primary method employed to end female circumcision. Social pressure, especially from powerful religious leaders, could be even more effective.

### **Education**

I interviewed professors with doctorates that come from a family tradition of Ikola. These professor that chose not to circumcise their own female children, still fear the cultural superstition that their grandchild could die by being born from an

uncircumcised mother (Scholar DO Interview). Hypothesis 1 was based on UNICEF's assumptions, stating that highly educated Yoruba women perform circumcision (2005:9). When I got to the field, after numerous interviews, I discovered their data to be inconsistent. Those who chose to circumcise are less educated. "Women don't do it anymore, especially among the Yoruba, since they are so highly educated" (Scholar OO Interview). This statement goes against the etic perspective of the practice being a highly educated anomaly.

According to the Inter-Africa Committee, a Nigerian NGO, education is the only means to eliminate female circumcision. The Inter-Africa Committee says that people practice FGM in the middle of the night in secrecy. During my fieldwork, there was no federal law banning FGM/FGC in Nigeria. Opponents of this practice rely on Section 34(1)(a) of the 1999 Constitution of the Federal Republic of Nigeria that states, "no person shall be subjected to torture or inhuman or degrading treatment," as the basis for banning the practice nationwide (USDOS:2009). Since Nigeria was in a state of emergency when doing fieldwork, the police were only concerned with kidnapping, robberies, and Boko Haram related incidents, and there was no real consequence for those involved in female circumcision.

In 2015 President Goodluck Jonathan signed the Violence Against Persons (Prohibition) Act (VAPP), a law that banned Female Genital Mutilation. Article 6 of the VAPP Act states that:

The circumcision or genital mutilation of the girl child or woman is hereby prohibited.

A person who performs female circumcision or genital mutilation or engages another to carry out such circumcision or mutilation commits an offence and is

liable on conviction to a term of imprisonment not exceeding 4 years or to a fine not exceeding 200,000 [Nigerian Naira (NGN)] [approximately \$555.56 USD] or both.

A person who attempts to commit the offence provided for in subsection (2) of this section commits an offence and is liable on conviction to a term of imprisonment not exceeding 2 years or to a fine not exceeding 100,000 (NGN) [approximately \$277.78 USD] or both.

A person who incites, aids, abets, or counsels another person to commit the offence provided for in subsection (2) of this section commits an offence and is liable on conviction to a term of imprisonment not exceeding 2 years or to a fine not exceeding 100,000 (NGN) or both. (Nigeria 25 May 2015)

Although female circumcision is now illegal, activists say laws will not “abolish the practice, and that a systemic cultural shift is required to make sure women and girls are no longer subjected to the harmful procedure” (Goldberg 2015).

The Inter-Africa Committee uses education to combat the practice. They primarily reeducate *Oloola* practitioners and find them alternative jobs or give them money to start their own business. They use the *Oloola*, who were high-respected historically, as change agents within their circumcision community. Besides the *Oloola*, Nurses also perform female circumcision, even if their hospital does not allow it.

Nurses are less influenced by their training to be against female ‘circumcision’ than are doctors, and many rely on it for an important part of their income. Nevertheless, their training and the continuing campaign against the operation make them cautious and reluctant... The result is that they usually nick the clitoris just enough to cause visible bleeding, leaving parents unaware of just how little has been removed. (Orubuloye et al. 2000:90).

Nigerian nurses may be principally against female circumcision but may not refuse to perform the procedure if it is linked to their economic livelihood. Their sex (being female) may influence their perceptions on the practice of female circumcision, but economic factors certainly affect individuals’ actions. Due to the high unemployment rate

and the economy, socio-economics has stalled the anti-female circumcision campaign, but educational campaigns are on the rise.

Educational campaigns are geared for schools, legislature, and women who work in the markets. The impact of being genitally mutilated is marital instability, since women don't enjoy sex (NGO President Interview). Since female circumcision is illegal but still being practiced, education is not enough. Hypothesis 3 states that social pressures for conformity constitute the primary factor keeping female circumcision practices alive, which indicates the need for a cultural shift to occur for the practice to subside.

### **Modernity**

Historically, Yoruba societies were patrilineal in terms of landownership and inheritance. Women earned their own occupations, societal ranking (chiefs and kings), and wealth. Both scholars and Babalawos believe that the ultimate factor to decrease in female circumcision is modernity. Western education and urbanization all are within the spectrum of modernity. For most Nigerians, (over 50%) now live in urban cities that encompass various ethnic groups, nationalities, and religions. Through urbanization and modernization many subgroup specific traditions are being lost or diluted by a shift in philosophy. Culturally, Yoruba people (as most African ethnic groups) were communalistic and identified collectively. Slavery, colonialism, and capitalism brought an individualistic driven culture to the African continent. The culture of individuality and capitalism is sensed in all major Nigerian cities, where the feeling of community has been replaced with opportunism and distrust. Opportunism is reflected in street culture, where people are hawking various things and/or begging for money. Distrust for the fact that

cities are crime ridden, particularly Lagos, where the rate of robbery, kidnapping is increasing (Cunningham 2018). Furthermore, American culture is glorified through the media, causing Nigerian culture to adapt and emulate. Nigerian women subject themselves to American standards of beauty: skin bleaching, wig wearing, and colored contacts have become cultural norms. These Western influences may be emically perceived as ‘modernity’ even though they are really the result of structural factors favoring American culture.

American culture directly impacts Nigerian culture. Since female circumcision is classified and viewed as a human rights violation within the United States and the West, that perception has transpired throughout Nigerian society. Through various interviews, the general perception is that “civilization is the ultimate force of ending traditional practices, not religion” (Traditional Herbalist Interview). If such is true, then hypothesis 2 (modernity is the driving factor influencing whether or not women undertake circumcision for their daughters) is correct and the Western anti-FGM movement has impacted female circumcision practices amongst the Yoruba. Female circumcision is “not an issue of religion. It is all about the wind of change; Western development” (Scholar OAO Interview)! The binary opposition that Western ideology faces is the spread of a new conservative Islam, which is attempting to “cut everything that is traditional out” of the culture (Traditional Herbalist Interview).

### **Other Factors- Ethnicity, Location, Family**

Other factors that impact female circumcision practices include ethnicity, location and family. For those who leave their villages and migrate to cities and become more

educated, they still have social responsibility to their family, their subgroup and their homeland. Although people may live in Lagos or Abuja, their responsibility is to their families' village. Special occasions such as funerals, weddings, and baby naming ceremonies take place in villages, essentially, where their family is from, where their roots are (Traditional Herbalist Interview). Identity is constant and fluid. Regardless of the identity people create for themselves through relocation, employment, and education, 'going home' requires submission to family expectations and cultural responsibility.

Ethnicity is also intertwined with family. According to cultural gender roles, mothers cannot dictate what traditional rituals their child must go through. Mothers are not allowed to handle or be involved in circumcision. The community dictates the performance of rituals; the community decides who is circumcised. This goes back to the African philosophical idea of collectivism. Yoruba philosopher Gbadegasin discusses how socialization begins at birth when the new born baby is taken away from the mother and handed off to the women of the family, the mother cannot touch the baby except when breastfeeding.

The process of socialization that begins in the family apartment and the household compound finally gets into the larger community where the child is further exposed to the virtues of communal life... Building on the initial exposure in the family compound they now see themselves as one who should carry the banner and, having collectively, cannot but shun individualism. This is the meaning of the common reference to the typical African as saying 'I am because we are; I exist because the community exists. (Gbadegasin 1998:131)

Therefore, mothers often do not have a say if their daughters get circumcised, it is the father and the mother-in law that have authority to decide. The fact that the mother does not choose if the child is circumcised or lacks that power has nothing to do with her sex,

it is not a choice for the individual it is a choice for the collective. “Women did not have any say in their children. Men and the community decided everything, until recently” (Traditional Herbalist Interview). For instance, educated people who choose not to circumcise their daughter may lie to the husband’s mother (grandmother) and say that they have just to appease their culture. But the grandmother will check, and if the child does not look circumcised or does not look like they have been circumcised properly, the grandmother will take the girl in secrecy to get her circumcised by a traditional practitioner (NGO President Interview). This action by the grandmother can create a rift in the family and cause family problems because she went against the parents will.

In *Attitude Towards the Practice of Female Circumcision: A Study of Women in Ilorin Metropolis*, a 1999 case study conducted through the University of Ilorin, 400 women that had circumcised daughters were interviewed. Out of the 400 women, 73.5% were Yoruba. The women live within Ilorin, therefore they are a urban demographic. I used this data to conduct my Chi Squared test in the quantitative section. Although these women’s attitudes were generally negative towards the practice (Lawrence 1999:61):

- 80% of these women had one or two circumcised daughters
- 12.5% had three circumcised daughters
- 7.5% had four or more circumcised daughters

Furthermore (Lawrence 1999:61):

- 63% of the participants were circumcised themselves
- 75.3% revealed that their husband, mother, or father insisted on having their daughter(s) circumcised



- 24.7% said that it was other family members that insisted on the circumcision.

These statistics reiterate the cultural perspective that “women did not have any say in their children” (Traditional Herbalist Interview). The communal culture declares that the group supersedes the individual over matters of ritual and tradition. Although, all of the women in Lawrence’s study were not circumcised and did not circumcise their daughter, which shows how individuality still exists in communal cultures. Accordingly, Female circumcision cannot be dismissed as one-dimensional, communal ritual.

Ethnicity and family are major factors that are also interconnected with location.

The other level is, you know, the structure, the social structure. Also gives prominence to certain practices. For instance, I don’t know if you have been told that there are certain compounds, certain families, who are regarded as circumcisers. Those people who have been doing it. They’ve been doing it in the community... If you say they shouldn’t be doing again, what you are saying is that they shouldn’t practice their tradition. It’s like you’re derobing them of their essence. You’re derobing them of their essence. So, for them to keep with this essence you have to allow them to keep on with what they are doing. They then develop a kind of secrecy around to what you are doing. So they tell stories, about the ritual that you should not break up with this ritual. So that’s very essential to them. Either you’re educated or not educated you still find yourself going through that. Because it is our tradition (Scholar DO Interview).

How one identifies with their location and culture certainly impacts female circumcision practices as Scholar DO notes. Some of my informants said that location is the largest factor, since the rural population has the highest rate in circumcision practice. Rural villages are often populated by a single subgroup. Depending on how large the village is, subgroups can also be divided into smaller subgroups based on locale. For instance, the Yagba people, a Yoruba subgroup, are a population consisting of hundreds of thousands of people. But, within this subgroup, there is a distinction between Yagba East and Yagba West, with certain families residing in certain villages. Ethnicity is based on land; so, families do not leave their ancestral land. If family members move, they still must maintain their ancestral property and attend all important village festivals, weddings, and holidays on that land. The importance of ancestral land is an essential aspect in identity; this confirms how location, ethnicity, and family overlap and cannot be viewed as autonomous factors. Going back to the case of female circumcision, if the idea is that rural uneducated communities are those that circumcise, the urban educated demographic is included in those communities, since naming ceremonies and traditions are performed at 'home'. Defining who is the 'urban' is another multifarious fragment of culture.

Culture may even supersede law. For instance, in Yoruba culture if a man dies the majority of his money, property, etc., will go to his sons (80%). Even if the man has a will stating that all of his belongings go to his daughters or wives, the men in the family could be easily dispute the will and win because of culture. Therefore, customs and culture supersedes the legal system, and the legality of female circumcision may not

affect its actual practice. The power of culture shows the need for more emic, postcolonial, philosophical discourse of female circumcision.

## **CHAPTER FIVE: SUMMARY**

### **Dynamics of Female Circumcision**

*"Foreigners ...who call us bad names, call us primitive and call our circumcision rites genital mutilation. It makes us want to do more" (Newsweek int. ed., July 5, 1999:46).*

Through quantitative and qualitative methods, I have shown the complexity and dynamics of female circumcision. African systems of thought, philosophy and religion provided an ideological, cultural foundation for Yoruba practices of circumcision. Having a postcolonial methodology has given an emic perspective, allowing Yoruba women to speak for themselves about their opinions and perspectives of the ritual. Although postcolonial theory has given voice to the population being studied, it does not necessarily include the underrepresented subaltern that Spivak spoke of. Qualitative data collected were from scholars, i.e. the educated elite. The quantitative data I acquired reflected more of the subaltern, but limited since I did not personally interview large groups of circumcised women or participate in the ritual itself. As Spivak suggested, it is greatly difficult to give voice to the subaltern (2010). However, my research revolved around the ideological, philosophical and cultural reasons behind female circumcision, so the demographic I chose to interview was appropriate for my study. I also did not want to violate any Internal Review Board (IRB) ethical protocol, so I chose to focus on

academics. LeCompte and Schensul's ethnographic toolkit helped me adjust my hypotheses when obtaining negative evidence. Hypothesis 1 revolved around the anomaly that UNICEF reported. Through the interview process, research questions began to shift. Informants nullified the statistics, and stated that the anomaly of Yoruba educated women being circumcised at a higher proportion was incorrect. The emic does not support the etic perspective. Therefore, Hypothesis 1 is false.

Since the Yoruba are a dynamic heterogeneous group of over 35 million people, it is imperative to illustrate the fluctuating complexity of modern female circumcision. The reason people practice circumcision is rooted in their habitus. The overlapping factors of ethnicity, location, family, and religion supersede education. Thus, hypothesis 3 (social pressures for conformity constitute the primary factor keeping female circumcision practices alive) is correct. The single driving factor that caused the practice to dramatically decline is modernity defined by both etic (Moore) and emic sources, not religion. Therefore, hypothesis 2 (modernity is the driving factor influencing whether or not women undertake circumcision for their daughters) is, also, correct. The majority of Nigerians now live in cities, unlike other parts of Africa. Megacities have shifted the Nigerian culture from a communalistic perspective to an individualistic society. Therefore, societal expectations and habitus have also adjusted. Such complexity and dynamics illustrate how female circumcision is not a simplistic ritual that can be halted overnight through a campaign of Western education and funding.

## **Implications**

Colonial regimes, and later the United Nations Declaration of Human Rights, establish a set of hegemonic values outlining how life should be lived and emphasizing the value of individual rights (Sanders 1991). Ultimately, collective rights are not human rights (Galenkamp 1994) and those who defend traditional societies reject personal rights. The principles of universality have been and continue to be determined by Western countries, which were (and some still are) colonial powers; their ideological norms continue to be imposed on former colonies.

Postcolonial theorist Oyěwùmí disputes the idea of universal timeless concepts. She maintains that Western categories and theories across cultures are universally applied without examining their ethnocentric foundations (Oyěwùmí 1997:176). Furthermore, “In Africa the actions of international organizations are noteworthy for proliferating these structures and processes through the creation of local women’s organizations... and for using gender constructs as a policy tool” (Oyěwùmí 1997:177). In 1975 the United Nations instituted ‘Women’s Decade’, which “unequivocally put ‘women’ as a victimized category on the world’s agenda” (Oyěwùmí 1997:177). Furthermore,

The UN Women’s Decade is particularly significant because it institutionalized and systematized on a worldwide basis a particular Western way of viewing the human body. Colonization set this process in motion; Western feminism contributed to it; and the United Nations through its policies and declarations elevated it to a norm, particularly at the level of formal politics and governments. (Oyěwùmí 1997:177)

What resulted from the UN and the western feminist agenda was a construction of a transnational sisterhood identity. This identity is based in the hegemonic Western values of the United Nations Declaration of Human Rights, as well the various organizations

that resulted from the UN. Rites and customs that are incompatible with Western values are deemed human rights violations, and such violations must be mobilized against. Male circumcision practices reflect Western rites therefore they are ‘normal’; whereas female circumcision practices do not reflect Western rites thus they are taboo.

Female circumcision, classified as Female Genital Mutilation by the UN, has been deemed as a human rights violation (WHO.int), whereas male circumcision has not.

Opponents of female circumcision are often accused of Western cultural imperialism - the promotion of Western values, beliefs and behaviours. Campaigns against female circumcision, funded by the West and often cocooned in development projects, are well entrenched in most African communities, although they have met with limited success. These campaigns have failed because the goal has been to change women's minds about female circumcision with little consideration given to what the practice means to them socially, economically, and culturally. As well, the assumption that education and awareness programs will put an end to the practice once people realize the health risks is naive, and except for isolated cases, practitioners are far more aware of the dangers than outsiders (Fedorak 2017:111).

For anti-FGM feminist activists, those who undergo female circumcision are considered powerless victims, lacking ownership of their bodies, and having no sense of agency (Escobar and Hartcourt 2003:179). By classifying all forms of the practice as a human rights violation and declaring it genital mutilation, the United Nations has excluded those who practice it from the conversation of prevention and finding a resolution (Shell-Duncan 2008). Feminist theorists interpret female circumcision as a form of patriarchal control over women's bodies and sexuality. As shown throughout the analysis chapter, Yoruba women are considered powerful spiritual beings (within Ifa) and have control over their bodies and their sexuality. Yoruba women do have agency and are not victims.

Individuals and organizations that chose to mobilize against female circumcision practices should understand the complexity and heterogeneity of its history and how different cultures practice it various ways. Instead of analyzing Female Genital Mutilation or female circumcision from etic Western norms, understand the culture and traditions behind the practice. For nongovernmental organizations, such as the United Nations and the World Health Organizations that have poured substantial amounts of money into Western organizations to ‘end FGM’, it would be more beneficial to fund indigenous organizations that are run by people who are a part of the culture and understand the language and traditions.

Western organizations should side with local indigenous organizations that are already well established, but probably lack funds since they are not receiving external support. For example when the president of the Inter-Africa Committee (which I interviewed) ran out of money for the organization, she used her retirement fund. She had to use her own funds because Nigeria, like other African countries, do not have subsidized or sponsored grants for their nongovernmental organizations. Western organizations should not go into a country and try to ‘reinvent the wheel’ when organizations already exist, they just lack support. In addition, the anti-female circumcision message could be best relayed to women by women from their own culture, so women could see that women just like them are the ones organizing against it.

By having foreign faces propagandize against female circumcision, it becomes colonial discourse, some foreign person is trying to get rid of indigenous traditions and culture and impose their own cultural norms onto society. Particularly in societies who



have a recent history of colonialism and neocolonialism, suspicion and reluctance would be expected. Especially when the country that was once ‘the colonizer’ is now sending organizations in the role of ‘providing aide’. It would be advantageous to support local organizations that are already established and have rapport in their communities. If there are no formal organizations, then side with local leaders that are actively trying to end the practice of female circumcision in their communities. The only way the practice will decline is for community leaders and organizers to end it themselves, it has to be internal not an external solution.

### **Conclusion**

Female circumcision is a relevant, timely topic that has seldom been addressed from a cultural emic lens. *Through the Yoruba Lens: A Postcolonial Discourse of Female Circumcision* goes beyond narratives of victimhood and examines a cultural perspective from within by allowing Nigerian women to voice their own views. Since, “the aim of anthropology is the enlargement of the universe of human discourse” (Geertz 1973:347), my research gives an emic voice without diluting cultural traditions or practices, while adding to the overall debate of female circumcise on practices. My research exposed the inconsistencies in the data, which questions what is exactly known about female circumcision, and calls for further data collection.

Female circumcision is tied to many factors. Cultural pressures that bind families to traditional practices, such as the fear that their daughter will be unmarriageable, are what keep female circumcision practices going. Modernity is the driving factor of cultural change and the practice of female circumcision. For NGOs and their workers to

have further impact on female circumcision and FGM it is critical they understand historical and cultural context and wear empathetic glasses to 'solve' pertinent issues.

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## APPENDIX A

### CONSENT FORM

You are invited to participate in a research project conducted by Jennifer Toyin Quichocho and the University of Denver. I hope to learn more about female circumcision among the Yoruba from a philosophical, traditionalist perspective. The nature of my study will involve research among Yoruba religious leaders, Nigerian professors, and other Nigerian intellectuals that are knowledgeable on the topic. You were selected as a possible participant in this study because of your unique perspective on the topic and your ability to contribute to our research.

If you decide to participate, I will ask you to take part in an interview and be willing to let the researcher observe and record relevant interactions and activities. Each interview should take no more than one hour. Questions that will be asked are concerning your scholastic field. Some of the questions may require candid responses, but the subject researched does not require/imply the discussion of personal or intimate matters, or matters that can be considered of sensitive nature. No participant will be obliged to answer questions that they feel uncomfortable responding to, and you will be able to stop participating at any time.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. Pseudonymous will be used in the writing up of the material collected and identity of all individuals interviewed will not be disclosed. If you wish to keep your identity confidential in records regarding this study and potential future publications please indicate that by marking your initials here \_\_\_\_\_. If you do not wish to keep your information confidential you are giving us permission to use your real identity in record keeping; however published material or material made available to a wider public (e.g., MA thesis, reports) will use pseudonymous. If you do not want us to use pseudonymous for your own academic interests please indicate that by marking initials here\_\_\_\_\_.

Your decision whether or not to participate will not prejudice your future relations with the University of Denver. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty. The Institutional Review Board at the University of Denver has reviewed and approved the present research.

If you have any concerns or complaints about how you were treated during the interview, please contact Paul Olk, Chair, Institutional Review Board for the Protection of Human Subjects, at 303-871-4531, or du-irb@du.edu, Office of Research and Sponsored Programs at 303-871-4050 or write to either at the University of Denver, Office of Research and Sponsored Programs, 2199 S. University Blvd., Denver, CO 80208-4820. If

you have any additional questions later, J. Toyin Quichocho (jomotola@gmail.com, 202-569-3964) will be happy to answer them.

You will be given a copy of this form to keep.

**YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.**

## **APPENDIX B**

### **Oral Consent**

HELLO— My name is Jennifer Toyin Quichocho, I am a graduate student at the University of Denver in the United States. I am conducting research on Yoruba female circumcision rituals from a philosophical, traditionalist perspective. I will be interviewing Nigerian scholars and intellectuals, to gain insight of the ideological values behind traditional rituals. If you agree to be interviewed, I would like to ask you questions about your understanding of traditional Yoruba rituals in regards to philosophical values. If you agree, the interview should take no more than one hour. Your responses are confidential and will be grouped with other people who are interviewed. Also, you can stop anytime during the interview. We will not share your name or personal information. Your responses will in no way affect your professional status. Do you have any questions about the research project? May I proceed with the first question?